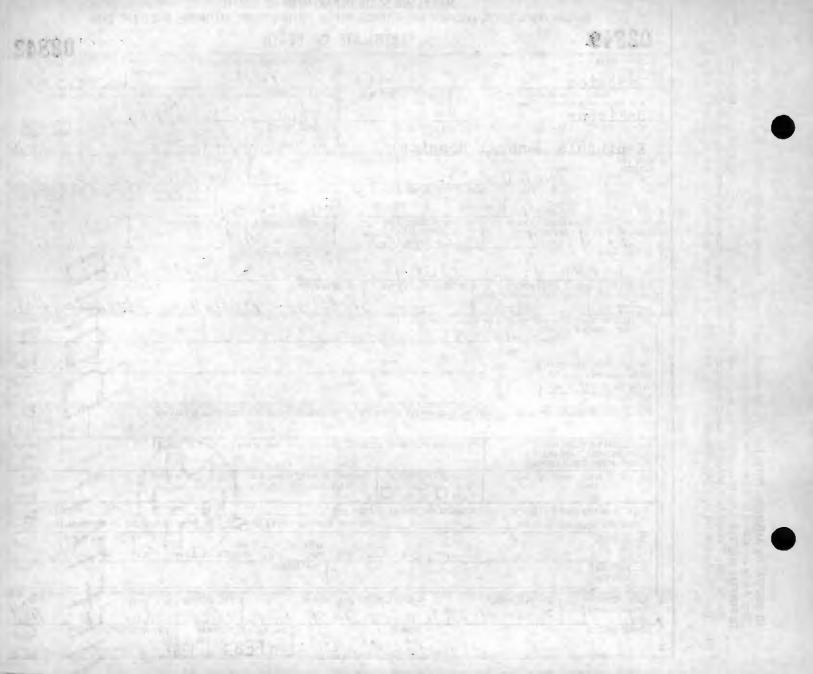
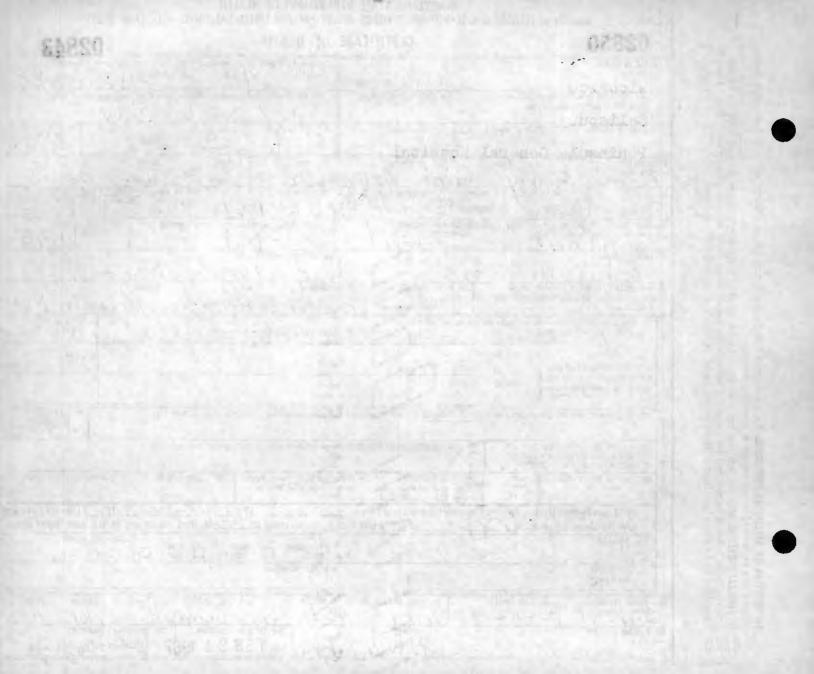
MARYLAND STATE DEPARTMENT OF HEALTH WINI Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02849 CERTIFICATE OF DEATH death death. pub filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY o. STATE b. COUNTY within 24 hours after vithin 72 hours after Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OB-LOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give negrest tawn) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? YES NO X Peninsula General Hospital 3. NAME OF signed by the attending physician and campletely t burial-transit permit. Then pleasessemove carban DATE Day Year **OECEASEO** 20 EBRUAR (Type or print) DEATH / 19 requires that the death certificate be executed IFUNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X DATE OF BIRTH lost birthday) Manths Days Hours and in any WIDOWED DIVORCED 3 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITA INFORMANI (Yes, no, or unknown) (If yes give wor or dates of service Ь crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. DUE TO burial. Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause has been as the priar ta last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health NO this certificate IOL 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. 20f (City or town) (County) (Stote) Hour o.m. factory, street, affice blda., etc.) While Not While 19 After at work ot wark 21. I certify that (1) (this haspital) attended the deceased fram 2, that (I) (we) last 3 shauld with the 5 and that death accurred at K M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed M.D. DIRECTOR PHYS. 22d. ADDRESS , 22c. PHYSICIAN'S NAME (Type Page 4 may BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY MOCATION (City or Town) (Stote) (County) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02851 24 hayrs after death the attending physician and campletely filled in by the funeral sit permit. Then please remave carban papers. Pages I find 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND Wicomice Maryland b. CAT OK TOWN (It autside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cornorate limits, write RURAL and give nearest town) carban papers. Pagent, within 72 haurs Selisbury FAUIT d. NAME OF HOSPITAL OR WISTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 80 MORRIS AJENUC Peninsula General Hospital Penengula General YES NO PE -Hesnitel requires that the death certificate be executed within 3. NAME OF 4. DATE First Lost Dov Year DECEASED (Type or print) DEATH AGE (In years last birthday) IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Dovs EGRI WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? None Marvland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME remova Isaac Avres 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) b Beulah Ayres Fruitland Md crematian. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) signed by the burial-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse offending os the has been last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use NO O FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 20o. ACCIDENT WAS UNDERLYING [7] 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased fram . 19___, that (1) (we) last and that death accurred at S. M., fram causes and an the date stated abave. shauld saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) Tavlar Church 2So. REC'D BY REGISTRAR ADDRESS 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1967

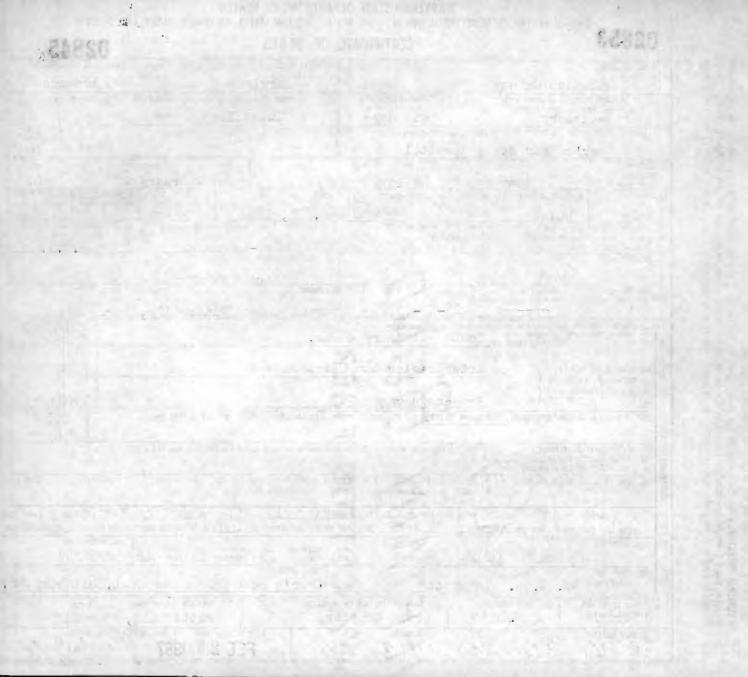
E STATE OF THE STA THE RESERVE THE PARTY OF THE PA 92880 Sakad In a community and the second of the second distribution of the second of

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02852 death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY g. STATE b. COUNTY Delaware Wicomico Sussex MARYLAND PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after physician and campletely filled in by the fen please remave carban papers. Pages oval and throny event, within 72 haurs after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) Laurel Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 305 East 4th Street YES NO X Peninsula General Hospital 3. NAME OF Middle 4 DATE Last Month Day Year DECEASED (Type or print) 196 DEATH wary S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) 53 vrs. Months Days Hours March 1, 1913 White WIDOWED DIVORCED IDa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during mast of working life, even if retired) INDUSTRY Penna. R.R. Laurel . Delaware U.S.A. Engineer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, or removal John Baily Sallie Nichols attending p IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 30 Street 4th Street permit. (Yes, no, ar unknown) (If yes give war ar dates at service) 221-09-4350 Mrs. Grace D. Bailey, Laurel, Delaware INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH whener. Page 4 may be retained by the hospital ar attending physician. burial, Canditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p far use sulm. meterstario (2) Chemitina authorites NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature at injury in Part I ar Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While OR ATTENDING at wark at work 1967, to 02-14, 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from OF28 3 shauld saw the deceased alive on 02-14 1967, and that deoth accurred of 390 M, fram couses and an the date stated obove. 22g. SIGNATURE 22b. DATE SIGNED A C. Fitherald STAFF PHYS. director, page 3 should be filed v M.D. DIRECTOR Madical 22c PHYSICIAN'S 22d. O HOSPITAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23g. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Near Preston, Maryland 2-16-67 Junior Order REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) J. J. Framptom and Son . Federalsburg, Md.

20 M 1/66

15° × vindet[sh Indianal Company Township In Land Township of the Company of the C the straightful to the straightful to

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02853 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. by the funeral and 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH o. STATE Mary land b. COUNTY o. COUNTY Wicomico Wicomico County MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury ve carban papers. Pag event, within 72 haurs 11 days Pittsville filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital YES NO F 3. NAME OF Middle Lost 4 DATE Month Dov Yeor attending physician and completely permit. Then please remave carban DECEASED 1967 John Wesley BAKER DEATH February (Type or print) IF UNDER 24 HRS. 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED W NEVER MARRIED 8. DATE OF BIRTH Months Doys DIVORCED WIDOWED Dec. 31, 1890 White Male 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Retired Farmer COUNTRY? INDUSTRY Truck Wicomico-Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Anna Jane Donaway Slidell Baker 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 213-22-7691 Everett Baker Pittsville, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Acute out of more INTERVAL BETWEEN signed by the burial-transit p 2 hours Acute pulmonary edema. IMMEDIATE CAUSE (o) DUE TO Arteriosclerotic Heart Disease 7 years Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse as the TO FUNERAL DIRECTOR: After this certificate has been 10 days (d) BronchoPneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While of work at work 21. I certify that (1) (this haspitol) attended the deceosed from Ebruary 13, 1967, to Ebruary 2/11967, that (1) (we) lost sow the deceased alive on February 24 19 67, and that death occurred at 1150AM, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF PHYS. 2/24/67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md. NAME (Type) Dr. C. H. Winnacott 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION, (Stote) REMOVAL (Spacify) 2/26/1967 Pittsville, Maryland Grace Cemeterv 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE /ADDRESS VR A15 (4) FEB 28 1967 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02854 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution Residence before admissing PLACE OF DEATH o. COUNTY Queen Anne Wicomico Maryland MARYLAND physicion and completely filled in by the furent please remove carbon papers. Pages 1 oval, ond in only event, within 72 hours after c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 Stevensville 33 days Salisbury, Maryland 33 day
d NAME OF HOSPITAL OR WISTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital YES NO K 3 NAME OF Middle Lost 4. DATE Month Doy Year DECEASED OF DEATH Luther Thomas Baxter Feb. 26 19 (Type or print) S. SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR TIF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** last birthday) Dovs Male White Aug. 27-1887 D VORCED WIDOWED 11 BIRTHPLACE (County & Stote or foreign country) 12 CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during most of working life, even if retired) **COUNTRY?** INDUSTRY Maryland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Richard Baxter Wilhelmina Frampton 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 113-12-10024 Mrs. John Nash--Chester, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY. ONSET AND DEATH Acute Myocardial Failure IMMEDIATE CAUSE (a) _ **DUE TO** Conditions, if any, which gave Broncho - Pn. 10-14 days rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been os the Arteriosclerotic Heart, Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? use Cerebral Thrombosis with right Hemiplegia NO [X YES 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work at wark should be 2] I certify that (I) (this hospital) ottended the deceased from Jan. 2h., 1967, to Feb., 26., 1967, that (I) (we) lost saw the deceased alive on Feb. 26. 19 67, and that death occurred at Q A M, fram causes and on the date stated above. 22b. DATE SIGNED **ATTENDING** MED.
DIRECTOR STAFF PHYS. mual 2-26-67 director, page 3 should be filed w M.D. PHYS 22d. ADDRESS PHYSICIAN'S C. H. Winnacott, M.D. Sal isbury, Maryland NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) Buria 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) Feb. 28 Stevensville Stevensville, Md 256 REGISTRAS SIGNATURE Judge 24_FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 1967 VR A15 (4) DATE 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02855 CV deoth; requires that the death replicate be executed within 24 hours after death physician and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH G. COUNTY Wicomico a. STATE Marvland Wicomico MARYLAND event, within 72 haurs after b. CITY OR TOWN (f autside carparate imits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury Salisbury 3 Wks. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES 🗔 NO DO Peninsula General Hospital 306 N. Div. St. 3 NAME OF lost 4. DATE Month Dov Year DECEASED 19 67 DEATH (Type or print) IF UNDER 24 HRS SEX 6. EOLOR OR RACE 7. MARRIED K DATE OF BIRTH AGE n years NEVER MARRIED losy perthday) Manths 676/1893 Days Hours yno ni bno DIVORCED **WIDOWED** 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10o USUAL OCCUPATION (Give kind of work done COUNTRY? A. INDLSTRY during most of working life, even if retired) N.C. Retired Sales Lady 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal Unknown Unknown attending p IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no or unknown) (If yes give war or dates af service) 212-03-0907 Mr. E.R. White Jr. Park Ave. Salisbury Md. cremation, INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH buriol-tronsit PART I, DEATH WAS CAUSED BY Acute Renal IMMEDIATE CAUSE (o) signed by TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 moy be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by DUE TO burial, Canditians, if any, which gave nse to immediate couse (a). DUE TO stating the underlying couse os the prior to l last. 19. WAS AUTOPS'
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use MEDICAL CERTIFICATION be detoched for use State Dept. of Health NO X YES ccident 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m Nat While at work at work 21. I certify that (1) (this hospital) attended the deceased fram January 15, 1967, to February 1967, that (1) (we) last saw the deceased alive an February 1967, and that death accurred at 53 M, fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATUR ATTENDING STAFF PHYS. DIRECTOR M.D. PHYS. director, page should be filled 22d. ADDRESS Salisbury, Maryland 22c PHYSICIAN'S Dr. Thomas P NAME (Type) 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (Stote) 23o. BURIAL, CREMATION. REMOVAL (Spenfy) 2-4-1967 St. Mary's Episcopal Cem. Pocomoke, Maryland 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** 24. FUNERAL DIRECTOR Hills Funeral Home Salisbury, Maryland Marley Judge VR A15 (4) 1967 FEB

840/200

710mm



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02856 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and campletely filled in by the funeral remove carban papers. Pages 1 and In any event, within 72 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY Wicomico b. COUNTY MARYLAND b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
Salisbury c LENGTH OF STAY IN 16 TOWN (If outside comorate limits, write BURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS-RESIDENCE ON A FARM? Peninsula General Hospital YES 🗌 NO [3 NAME OF M-dd1e 4. DATE Year Dov DECEASED OF DEATH (Type or print) IF UNDER TYEAR S SEX 6 COLOR OR RAC 7 MARRIED NEVER MARRIED AGE AGE (n years last birthday) Manths Days Hours DIVORCED WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF WHAT physician c COUNTRY? during most of working ife, even if retired) INDUSTRY ADOTER 13. FATHER'S NAMI 14. MOTHER'S MAIDEN NAME burial, crematian, or remay OWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no, ar unknown) (If yes give war or dates of service) COORE LANE FRUITIANO 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) INTERVAL BETWEEN signed by the burial-transit p ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUF TO 5 C 1 Conditions, if any, which gave (b) rise to immediate couse (a). DUF TO stating the underlying cause directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part 11 of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Not While Haur a.m. factory, street, office bldg , etc.) at wark at work 196 /, that (1) (we) last 21. I certify that (I) (thus hospital) attended the deceased from 2 1967, and that death accurred at P. M. from Jouses and on the date stated above. sow the deceased alive on_ 220 SIGNATURE 22b. DATE SIGNED 团 M.D. DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c/NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 230 BURIAL, CREMATION 23b. DATE THEREOF (State) REMOVAL (Specify) 256 REGISTRAR'S SIGNATURE 2Sa REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence within 24 hours a. COUNTY b. COUNTY Wicomico Wicomico arvland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give necrest town) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 205 Powell Ave. Peninsula General Hospital completely YES NO Z paper 3. NAME OF Middle DATE Month Yeer DECEASED OF 1967 (Type or print) DEATH Feb. Marv Frances Bradlev withi carbon S. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED R DATE OF BIRTH 9. AGE (In yours | IF UNDER 1 YEAR IF UNDER 24 HRS 56 and last, birthday) Months I Hours event, Female January WIDOWED [DIVORCED [physician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY The law requires that the death certiff dona during most of working life, even if retired) any USA at home Maryland at home please 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John T. Green Sallie Polk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Powell (Yes, no, or unkown) (If yes give wer or detes of service) Milton A. the Bradley Salisbury ed by the hospital or attending physician. After this certificate has been signed by the 18. CAUSE OF DEATH lEnter only one cause per line for (a), INTERVAL BETWEEN ò PART I. DEATH WAS CAUSED BY. cremation, IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), stating the underlying ‡ PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) use as ٥ CERTIFICATION PERFORMED? prior 1 NO YES T detached for 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State factory, street, office bldg., etc. While Not While DIRECTOR at work Stafe Dept. at work p.m. 2 21. I certify that (I) (this hospital) attended the deceased from.... plnods causes and on the date stated above from saw the deceased alive on., тау DATE 22e. SIGNATURE MED. STAFF SIGNED eath. Page 4
FUNERAL HOSPITAL page with th PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) ector, filed 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county O ÷ 3 REMOVAL (Specify) Crematory ADDRESS 25b. REGISTRAR'S SIGNATURE 24 FUNEWAL DIRECTOR'S SIGNATURE Salisbury 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission PLACE OF DEATH a. COUNTY o. STATE L. COUNTY MARYLAND Wicomico
b. CHY OR TOWN (If autside carparate limits, 24 hours after in by the Pages CLENGTH OF STAY IN 16 (If conside carparate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) carban papers. Pagent, within 72 hours <u>Salishurv</u> d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? d. STREET ADDRESS physician and completely filled YES 🗍 NO Peningula General Hospital within 3. NAME OF Last 4. DATE Day Year DECEASED (Type or print) DEATH arrue be executed S SEX DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 6 COLDR 7. MARRIED NEVER MARRIED please remove last birthday) Haurs DIVORCED WIDOWED and in any 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (GIVE) during most of INDUSTRY requires that the death certificate 13. FATHER S NAM remova signed by the ottending phy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war ar dates of service) ō cremation. INTERVAL BETWEE 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 16011 DUE TO burial Canditions, if any, which gave rise to immediate cause (a), DUE TO use as the lath prior to h stating the underlying cause be retoined by the hospitol or offending this certificate has been last PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE CONDITION OF NEW YORK TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NEW YORK TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NEW YORK TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NEW YORK TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NEW YORK TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF NEW YORK TO THE TERMINAL DISEASE CONDITION OF THE TER CERTIFICATION YES NO P 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH State Dept. of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INSURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c, TIME OF INJURY Month, Day, Year Haur am. factory, street, affice bldg., etc.) While Nat While 19 O FUNERAL DIRECTOR: After at work at wark 2). I certify that (I) (this hospital) attended the dereased from saw the deceased alive an and that death accurred at from causes and on the date stated above. 22b. DATE SIGNED 22a SIGNATURE ATTENDING MED STAFF M.D. DIRECTOR filed PHYS PHYS director, page should be filed 22d ADDRESS 22c PHYSICIAN S Page 4 may YSEU NAME (Type) 23o BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE THEREOF (County) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE FUNERAL DIRECTOR VR A15 (4) DATE



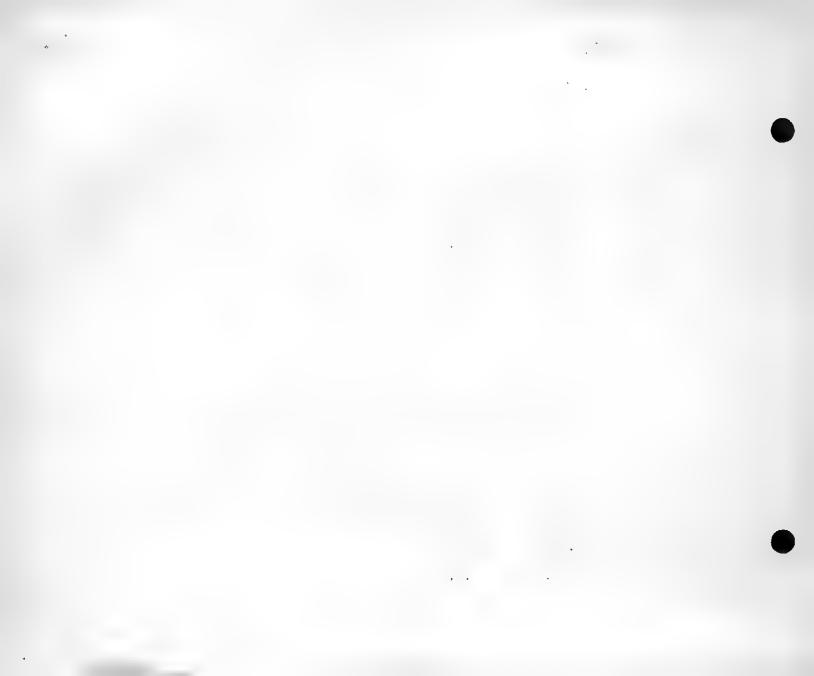
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
趣)	02859CERTIFICATE OF DEATH	02851
he fune 2 shou fh.	1. PLACE OF DEATH a COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, b. CO MARYLAND MARYLAND	
by the land rade al	b. CITY OR TOWN if outside corporate limits, write RIRAL and give nearest lown) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RIRAL and give nearest lown)	rite RURAL and give necrest town,
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS A. STREET ADDRESS	IS RESIDENCE ON A FARM?
	3. NAME OF DECEASED A Prist Middle Last A. DATE Mc OF	YES YES YES
	(Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year less brithder less brithder) 1. Sept. 1. S	3 19 6 2
	100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY AS BIRTHPLACE (County & State or foreign county)	.
	helisted bruinnen fenn, R. R. Morgland 13. FATHER'S NAME 14. MOTHER'S WAIDEN NAME	0.5-
	deave Merril Callevary Monny Vergener	a Phillips.
	(Yes, no, or unknown) (If yes give we go dates of service) 717-07-8296 Mortha Calloway	Delner Mel
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crefird Was cause per line for (a), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which) (b) Cerebral arter to elevation and	Malapast 5 yr
	gave rise to immediate cause (a), stating the underlying OUE TO Cause lest,	The state of the s
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION OF A Spiral Frequences as precame estar a	PERFORMED?
	206 ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Part II of Item 18.)	YES NO (2
		(County) (State)
Ì	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, sfreet, office bldg., etc.) While Not While at work at work factory, sfreet, office bldg., etc.)	7
	21. I certify that (I) (this hospital) attended the deceased from 19, to 19, to M, from the cause	s and on the date stated above
	220. SIGNATURE ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	22b. DATE SIGNE
	22c. PHYSICIAN'S L. V. SOHIER 22d. ADDRESS DOIMAN	Mol.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATIONY 23d. LOCATION ICITY, REMOVAL (Spycify) 2/6/67 AL SLEDKOLD.	town or county) (State)
	M 1/2: D/ 100	REGISTRAR'S SIGNATURE
	Morra Home Welmer and loate ED & 196	I John Grander



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decayed lived, if institution, Rasidance before admission a. COUNTY **b.** COUNTY MARYLAND comica WICOMICO b CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town? 0 NAME OF HOSPITALOR INSTITUTION (if not in hospital, give strael eddrass) . IS RESIDENCE ON A FARM? papers. YES NO Z NAME OF Year DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years IF UNDER I YEAR last birthday) Months WIDOWED [7] DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY (County & State, or loreign country) done during most of working file, avan if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewarardatesolservice) 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave risa to immediata causa **DUE TO** (a), stating the undarlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (IA), 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO 📆 20a, ACCIDENT WAS UNDERLYING [20b. DESCR BE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part If of I'am 18. OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED / 20a. PLACE OF INJURY [Home, farm, ; 20f. (City or town) (County) (State) Month, Dev. Year factory, streat, offica bldg., etc.) Hour e.m. Whila Not While et work at work 21. I certify that (I) (this hospital) attended the deceased from. (Luc . 1, 19.6 , that (I) (we) last saw the deceased alive on.... SIGNATURE 22b / DATE **ATTENDING** PHYS. P DIRECTOR PHYS. M.D. FUNERA 22d. ADDRESS CEMETERY OR CREMATORY BURIAL, CREMATION. DATE THEREOI D F B ဥ REMOVAL (Specify) 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Charles VR A1S [4] MO DATE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02861 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) o. COUNTY o STATE 2, and 3 to PM3. Page b. COUNTY ij e State Department af 72 hours ofter death. Wicomico Marriland Wicomico MARYLAND c CITY OR TOWN (If outside corporate Limits, write RURAL and give nearest town) b (ITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 write RURAL god give negrest town) Pittsville Salisburv d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? along with form DOA Peninsula General Hospital Richardson's Labor Camp YES NO F This certificate should be executed within 24 hours after death 3 NAME OF First 4 DATE Month Doy Year DECEASED (Type or print) OF Grant CRUDE COLLINS 2-7-67 w thin DEATH IF JADER 1 YEAR S SEX 6. COLOR OR RACE 7. MARRIED 9. AGE (In years IF UNDER 24 HRS Flost Birthdoy) Doys Hours AA MIDOWED 10o USUAL OCCUPATION (G ve kind of work done 12 CITIZEN OF JWHAT during most of working life, even if retired) pages F word "pending" in penal in the Chief Medical Examiner's pencil 13, EATHER'S NAME 14 MOTHER'S MAIDEN NAME ond 16 SOCIAL SECURITY NO INFORMANT permit. (Yes, no, or unknown) ((f yes g ve wor or dotes of service removo^l, IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Broncho pneumonia burial, cremation, or IMMEDIATE CAUSE (o) writing the word DUE TO Conditions, if ony, which gove nse to immediate couse (a), be forworded to DUE TO stoting the underlying couse 0 SO lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO X 0 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) its designated agent, prior PRIMARY Cor CONTRIBUTING C should CAUSE OF DEATH. 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg, etc.) FUNERAL DIRECTOR: Poge of work ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my opin on Notural causes X. Suicide [the funeral director. death resulted from Accident . Homicide Undetermined manner moy be retoined CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER February 7, 1967 NAME (Type) Address (Street, city, town, ar spunty) Salisbury. 230 BURIAL CREMATION 0 REMOVAL (Specify) FUNERAL-DIRECTOR VR ATSME (5) DATE 6M 1/66



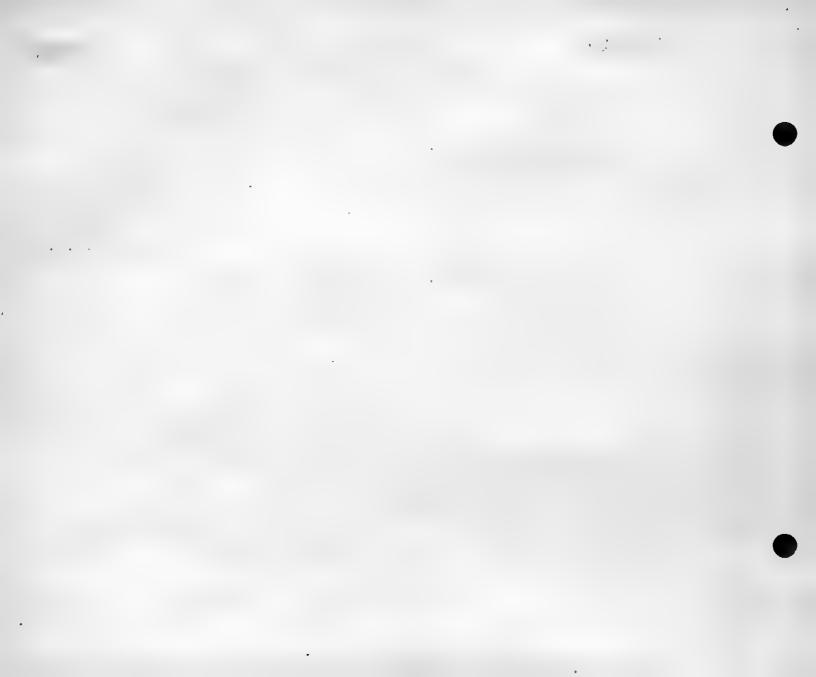
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02862 FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased led, if institution Residence before agmission) o. COUNTY q. STATE b. COUNTY and 3 to M3 Page g. Wicomico Maryland haurs after death. Wicomico MARYLAND Department b CITY OR TOWN (If guitside carparate imits, c LENGTH OF STAY IN 16 c CITY OR TOWN (1 auts de carparate limits, write RJRAL and give nearest tawn) write RURAL and give nearest town) Salisbury Salisbury e IS RES DENCE ON A FARM? d NAME OF HOSPITAL OR NSTITUTION (If not in hospital, a ve street address) d STREET ADDRESS farm OA Peninsula General Hospital 409 Lake St. Give Pages YES NO Se after death Office along with 3 NAME OF Middle 4 DATE First Last Manth Year within 72 DECEASED GEORGE STANLEY COOK 2-3-67 (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED ast puthday) Months Hours AA hours WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 12 CT ZEN OF WHAT COUNTRY during most of working life, even if retired) JNDUSTRY/ AUD pages: pencil 13 EATHERS NAME This certificate should be executed within File WAS DECEASED EVER IN J S/ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 110 Sinal & S or removal, (Yes, no, or unknown) (I yes give war ar dates of service NTERVAL BEWEEN ONSET AND DEATH CLAYS 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: Lobar pneumonia IMMEDIATE CAUSE (o) crematian, DUF TO Canditions, if any, which gave (6) nse ta immediate cause (a), DUE TO stating the underlying cause 0 05 burial, 1 19 WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? MED, CAL CERTIFICATION YES X NO its designated agent, priar ta 20a EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b DESCRIBE HOW MICRY OCCURRED (Enter nature of musy in Part I or Port II of item 18.) CAUSE OF DEATH 20d INJJRY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20c TIME OF INJURY Manth, Day, Year (City or fown) (County) (State) Hour am. foctory, street, office bidg, etc.) may be retained for your FUNERAL DIRECTOR: Page Not While at work at wark 21 I certify that I tack charge of the remains described above, held an Autopsy [X], Inspection X Inquiry X and in my opinion Natural causes X Accident . Suicide []. Hamicide | death resulted from Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral TO DEPUTY 5 may be TO FUNERAL Health ar I DEPUTY MEDICAL EXAMINER February 6, 1967 Address (Street, city town, or county) Ave. Salisbury the 23c NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR VR A15ME (S) Jolley Funeral Home, Salisbury,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARY 02863 CERTIFICATE OF DEATH funeral death. and 2 death. 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY bon papers. Pages 1 within 72 hours after Wicomico Maryland Wicomico MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Adm. in 1 D Salisbury Salisbury <u>.</u>E 67 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS Peninsula General Hospital No Sc 226 Monticello Ave YES completely carbon 3 NAME OF Month Year Middle Last DATE Day DECEASED event (Type or print) DEATH PAULINE KATHERINE CULVER February 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 9. Гешоуе last birthday) Months Hours Min. and and in any White Female WIDOWED TO DIVORCED (Jan. 13, 1904 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician COUNTRY? Philadelphia, Pa. House-wife USA ate ᆷ 13. FATHER'S NAME removal. MOTHER'S MAJDEN NAME attending principle of Then (Unk. Freida Ott 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address mermit. 0 (Yes, no, or unkown) \(() If yes give war or dates of service) Mr. Wayne A. Culver (Don) No cremation. 226 Monticello Avenue, Salisbury, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN certificate has been signed by the hed for use as the burial-tramsit to of Health prior to burial, cremated. ONSET AND DEATH PART I. OEATH WAS CAUSED BY: 6mo IMMEDIATE CAUSE (a) DUE TO aren oma Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO F YES [this cerum detached for 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) N/A be detached State Dept. of MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) Hour a.m. After Not While retained by at work at work TO HOSPI IN PAGE 4 May be retained TO FUNERAL DIRECTOR. After Alteractor, page 3 should by Alteractor, find with the St 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12:05%, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED MED STAFF PHYS. ATTENDING 1967 DIRECTOR M.D. PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Medical Center, Salishury Burton BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Bridgeville Cemetery Bridgeville, Delaware Burial 24. FUNERAL DIRECTOR ADDRESS 25a, REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 6 milles HOLLOWAY & COMPANY, SALISBURY, MARYLAND 1967 DATE B VR A15 (4) 15M 4-64



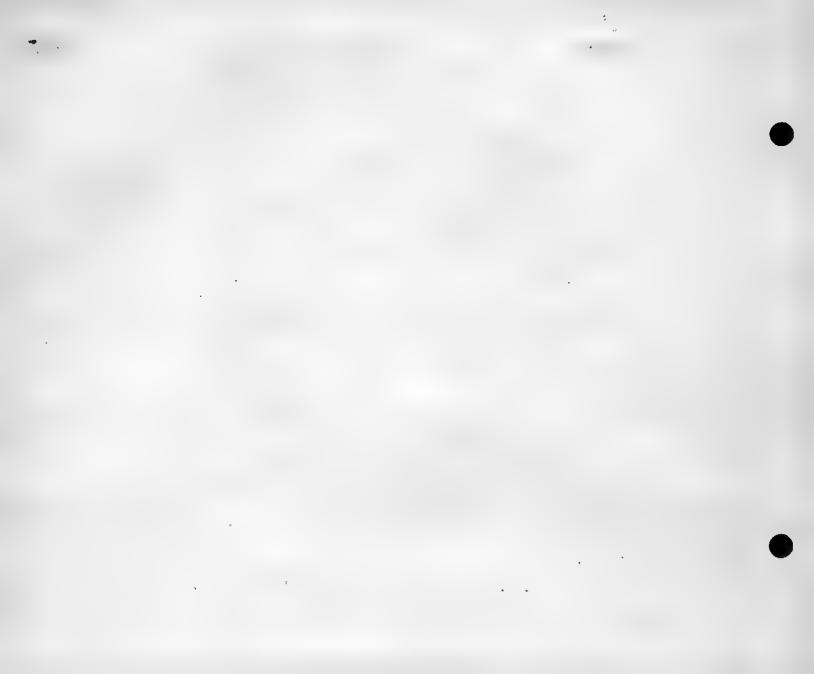
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02864 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before PLACE OF DEATH Wicomico o. STATE b. COUNTY Worcester MARYIAND Maryland voithin 72 hours ofter b CTY OR TOWN (f outside corporate fimits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 10 weeks Pocomoke City Salisbury filled in d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENC ON A FARM? 32 Greenway Avenue YES NO K Peninsula General Hospital 3. NAME OF 4. DATE remove_tarbon Year completely OF DEATH DECEASED HARRY JACK SON event, (Type or print) 10 SF UNDER 1 YEAR S SEX AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** lost pirthdoy) Months Hours July 1921 burial, cremotion, or removal, ond in any WIDOWED 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done Somerset County. during most of working the even if retired) Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER 5 NAME Nellie Stanford Harry Jackson Custis. Sr. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dates of service) 218-10-8059 Mrs Beverly Custis, Pocomoke City, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) lower lobe Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION paritoritis! Rt. Subhepatic Hiscess, Quedenal YES X O FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18. 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg, etc.) ot work 1966 , 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram, 1967, and that death accurred at GipPM, from causes and an the date stated above. saw the deceased alive an. 22b DATE SIGNED 22o. SIGNATURE ATTENDING DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Wide Mo 234. NAME OF CEMETERY ORXEREMATORY 23d LOCATION (City or Town) (Stote) 23b DATE THEREOF 230 BURIAL CREMATION Burial (Society) Pocomoke City Wor. Md. First Baptist 2-13-1967 25o. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Pocomoke City, Md. DATE Watson



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Thems #8 & 9 Film 10115-2/20 57 pg. CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1. PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Wicomico Dorchester MARYLAND requires that the death certificate be executed within 24 hours after physician and completely filled in by the en please remove carbon papers. Pages ovol, and in any event, within 72 hours aft c LENGTH OF STAY IN 16 b CITY OR TOWN (If autside corporate limits, c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Salisbury days Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 30 Edgewood Avenue Deer's Head State Hospital YES 🗔 NO N First Middle 4. DATE 3. NAME OF Lost Month Dov У ват DECEASED OF 1967 FEBRUARY DARBY Julius (Type or print) DEATH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH Manths Haurs WIDOWED DIVORCED Negro Male 12. CITIZEN OF WHAT 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during most of working ife, even if retired) - ahorer 13. FATHER'S NAME NKNOWN 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. (Yes, no, opunknown) (If yes give wor ar dates of service) CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) S ONSET AND DEATH buriol-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Acute coronary thrombosis signed by (b) Arteriosclerotic cardio vascular disease Conditions, if ony, which gave Years rise to immediate couse (o). DUE TO stating the underlying cause TO FUNERAL DIRECTOR After this certificate has been ‡ PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO X YES . Lues, latent treated. ō 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) ot wark at work L be retained by 21. I certify that (I) (this hospital) attended the deceased fram June 22 ____, 1964 atd ebruary 14 1967, that (I) (we) last saw the deceased alive an February 14 1967, and that death occurred at 8:40 M, fram causes and an the date stated above. 226 DATE SIGNED SIGNATURE STAFF PHYS. 2-111-67 DIRECTOR M.D. 22d. ADDRESS PHYSICIAN S Deer's Head State Hospital, Salisbury, Md NAME (Type) Dr. C. H. Winnacott director, should b 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BUR AL CREMATION, 23b. DATE THEREOF (County) (State) eneler 2Sb. REGISTRAR'S SIGNATURE RPCD BY REGISTRAR Charles VR A15 (4) 20 M 1/66

N.E. Nordes



INSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence a. COUNTY by the and 2 death. **b.** COUNTY Wicomico MARYLAND Maryland uicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) hours after 97 Pages isbury Salisbury d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? papers. n 72 hou completely YES NO X Pinensula General Hospital Fitzwater Lest A. DATE DECEASED OF within (Type or print) DEATH carbon Clayton Dashield (Deshields Feb. 19 6.7 IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED pue AGE (In yeers IF UNDER 1 YEAR lest birthday) Monfhs WIDOWED 🔀 remove 10a. USUAL OCCUPATION (G.ye kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if ratired) Butler MOTHER'S MAIDEN NAME ease 13. FATHER'S NAME Unknown Sarah Dashiald 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Fulton Dashield NTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH attending physic has been signed to burial-transit per PART I. DEATH WAS CAUSED BY: Myocardial Infarction Immediate IMMEDIATE CAUSE (a) **DUE TO** Hypertensive Cardiovascular Disease Conditions, if eny, which geve risa to immediate cause DUE TO (a), stating the underlying certificate hospital SE 02 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY CERTIFICATION PERFORMED? use prior NO DO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Part II of item 18.) detached 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Home, ferm,) ō factory, street, office bldg., etc.) Not While DIRECTOR: et wark el work19......., and that death occurred a2:15M, from the causes and on the date stated above. saw the deceased alive on....... 22a. SIGNATURE DATE SIGNED death. Page 4 HOSPITAL page PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type Ivory U. Sully. P. O. Box 126, Berlin, Md. 21811 230 BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) D g g REMOVAL (Specify) Green ADDRESS 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 20M 5-63



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death and 1. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Wicomico the n Wicomico a. STATE d in by the firs. Pages 1 2 hours after Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours Lire Jesterville filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? Jesterville YES NO L executed within completely carbon 3. NAME OF First Middle DATE Last Month Day Year DECEASED event, (Type or print) DEATH JO HN DASHIELLS 2/4/6 19 6 6. COLOR OR RACE | 7. MARRIED and cor 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthday) Months Days Hours any M Negro WIDOWED M DIVORCED

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY DIVORCED Apr.10,1880 00 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and in COUNTRY? Laborer Jesterville Mu. H.S death certificate TO FUNERAL DIRECTOR: After this certificate has been signed by the attending ply director, page 3 should be detached for use as the burial-transit permit. Then a should be filed with the State Dept. of Health prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Dore Baily UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes pive war or dates of service) Z10-20-7865 Nathaniel Dasmiers 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSER AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (C) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? YES 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20b. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not White Page 4 may be retained by p.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. 196 and Wat death occurred at in the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. **ADDRES** NAME (Type) BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Burla ELZOYS ADDRESS Сещецалу REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ward Cristiers Pro-AHUMUNY E. VR A15 (4) 15M 4-64

. .0%,4%

.

Samon T. Baker



Items 1 ,19%21 Film 336 3 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
FOR STATE		02869		MEDICAL EXAMINER'S			02861
HEALTH DEPT	- 1	PLACE OF DEATH				(Where deceased lived, if institution	in: Residence befare admiss an)
2, and 3 to PM3. Page part ment of after death.		a. COUNTY	omico	MARYLAND	a. STATE Mary	b. COUNT	Wicomico
elay is id 3 to . Page nent af death.		b CITY OR TOWN (I	fauts,de corporate limits.	c, LENGTH QF STAY IN b	c. CITY OR TOWN (If a	autside corparate limits, write RJR/	
2, and PM3 PM3 part mafter			give nearest tawn)		Salis	sburw	25
or 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		d NAME OF HOSP TA	AL OR INSTITUT ON (If not in has	pital, give street address)	d STREET ADDRESS	THE	B IS RES DENCE ON A FARM?
X 22 22 0	' / L	804	E. Church Str	eet	804 I	E. Church Stree	t YES NO 🔀
Pog with e Sto	3	NAME OF DECEASED	First	Midd≠e	Last	4 DATE Month	
er d live iye g w		(Type or print)	JOHN	WILLIAM	ELLIOTT, S	R. DEATH Februa	
hin 24 hours ofter death I ncil in Item 18 Give Pages niner's Office along with for pages lond 2 with the State in ony event within 72 hou) 5	SEX	6 COLOR OR RACE 7 MAR		B DATE OF BIRTH	9 AGE (In years ast birthday)	FUNDER 1 YEAR IF JNDER 24 HRS Manths Days Haurs Min.
urs nn 11 ice ice	/-	Male		OWED DIVORCED DIVORCED DIVORCED	May 25,1905	61 YIS	8 23 I
I on lon		uting mast of working l	life even fretired)	INDUSTRY	,	0 (/	COUNTRY?
1 24 l in I er's (ges)	-	Laborer 3 FATHER'S NAME	7 7	indow Cleaning S	14 MOTHER'S MAIDEN		USA
within pencil xomine le page		A. Lee El	72.44				
d will Exor Fle and		S WAS DECEASED EVEL	R NUS ARMED FORCES?	T 16 SOCIAL SECURITY NO 17	Mary Wrig	Addres	\$.
xecuted nding the Medicol permit.	(Yes, na, or unknown)	(If yes give war ar dates of service)	159-03-2050	Mrs. Rada C	Elliott (Wife	e) isbury, Maryland
executer ending ' f Medicol it permit.	-		ATH (Enter only one couse per lii H WAS CAUSED BY:		OOZ D. OHGI	Cu Datoont DBT	INTERVAL BETWEEN
should be e ne word "per o the Chief ! buriol-tronsit mation, or re			H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Epilepsy			ONSET AND DEATH
ord		205.0	DUF TO				
sho e w th th urio		Canditians, if any, rise to immediate	cause (a)				
ote should g the word ed to the C o buriol-tr cremation,		stating the under	lying cause DUE TO				
iffico nting order		last.) (c)				18 Mar AUTODOV
This certificate should be executed within cate, writing the word "pending" in pencil be forworded to the Chief Medical Examine be used as a burial-transit permit. Fle page it to burial, cremation, or removal, and in a	30	PART II OTHER SK	SN#-CANT COMDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO	3 THE TERMINAL DISEASE CO	OND IFON GIVEN IN PART I(a)	19 WAS AUTOPSY PERFORMED? YES NO 🎮
This cate, be for the transfer to the transfer t	CEDTISICATION	20g EXTERNAL CA	USE WAS 2	OF DESCRIBE HOW INJURY OCCURREN	D. (Enter nature of inverse in	Part Lar Port II of tem 1B)	10 10 2
MINER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 14 should be forworded to the Chief Medical Examiner's Office in Files. a Should be used as a burial-transit permit. Fle pages land 2 gent, prior to burial, cremation, or removal, and in any exert	TEBL	PRIMARY Tor CON CAUSE OF DEATH	ITRIBUTING 🖸				
	MEDICAL	20c. TIME OF INJU Haur an	,	While Not While for	LACE OF INJURY (Hame, far actory, street, affice bldg , etc		(Caunty) (State)
AL EXA execute or. Page of for you TOR: Page		μıι	that I took charge of the	e remains described above, l	hald an Autoney	Inspection X, Inqui	ry X. and in my op nian
se execution Property			ed fram: Natural cause		ricide , Hamicide		
sse ecto			10 1	71. 71. 10. 10.	CHIEF MEDICA		
Mebra pleose I directo retoined I DIREC		ACTUAL SIGNATURE	// on (- 1	7		DICAL EXAMINER	22. DATE SIGNED
E 5°2°3 ≥ 5		EXAMINER'S	Dr. Earl L. Ro				bruary6_/1967
no DEPUTY MEDICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age	×2	NAME (Type)	409 Camden Ave	nue. Salisbury,	D.H.L.	et, city, tawn, ar caunty)	
the Hee	\wedge $ ^2$	30 BJRIAL, CREMAT O REMOVAL (Specify) Burial		23c NAME OF CEMETERY O		23d LOCATION (City or Tow	unty Maryland
	\ \	Burial 24. FUNERAL DIRECTO		67 Mt. Pleasan			ISTRAR S SIGNATURE
VR ATSME (5)	7	A WO. I. IOH	Y & COMPANY. S	ALISBURY, MARYLA	ND DAFF		Gardon Versus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02870 that the death certificate be executed within 24 hours after death deop physician and completely filled in by the funeral on please remove corbon papers. Pages 1 ond 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. (IT OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest town) d. NAME OF HOSPITAL OR MISTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM YES 🔲 NO D Hospita NAME O 4. DATE Dov Year DECEASED (Type or print) DEATH-19 IF UNDER 1 YEAR S SEX AGE (In years 6 COLOR OR RACE DATE OF BIRTH NEVER MARRIED ()lost birthdoy) Months Days Hours and in any WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT.ZEN OF WHAT BIRTHPLACE (County & Stote, or foreign country) **COUNTRY?** during most of working ite, even if retired) INDUSTRY 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) CAUSE OF DEATH (Enter only one couse per fine for (o)/(b)/ond (c)) INTERVA, BETWEEN buriol-tronsit PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) à DUE TO signed I burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse attending Page 4 moy be retoined by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the Heolth prior to last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/0) PERFORMED? USe NO YES ō DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [3] OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office bldg , etc.) Not While 19 of work 21. I certify that (1) (this hosp)tal) attended the deceased fram. pluods A 45 M Nam causes and an the date stated abave saw the deceased alive an 19 6 and that death accurred at 220. SIGNATUR 22b. DATE-SIGNED MED. DIRECTOR STAFF ATTENDING PHYS director, page should be filed 22c. PHTSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREOF LOCATION (City of lown) (County) (Stote) REMOVAL (Specify) OME · CCCOMGe SHEW 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb -FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 02872 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY and 3 to M3. Page o. STATE b. COUNTY Wicomico Delaware MARYLAND Sustex and 2 with the State Department b CITY OR TOWN (f outside carparate lim ts, C LENGTH OF STAY N 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) P.M3. write RURAL and give negrest town)
Salisbury Delmar d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ice alang with farm LOA Peninsula General Hospital tem 18. Give Pages R.D. 2 YES TO NO [3 NAME OF First Midd e last 4 DATE Month Day Year DECEASED NANCY S. FRANKLIN 2-10-67 (Type or print) DEATH S SEX 6 COLOR OR RACE 7 MARRIED K IF UNDER 1 YEAR NEVER MARR ED 8 DATE OF BIRTH IF UNDER 24 HRS AGE (In years lost birthdoy) Months Davs Hours T_AT 10-11-3/ WIDOWED [D VORCED This certificate shavid be exercited within 24 haurs 10a US_AL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 10b K ND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Home Maryland USA Housewife Own. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ward "pending" in pencil the Chief Medical Exami any event within 72 hours <u>=</u> Jesse Shortt Ethel Dickel 1S WAS DECEASED EYER IN U.S. ARMED FORCES?
(Yes, ng, ar unknown) (If yes give war ar dates of service) 16. SOCIAL SECURITY NO. 17 INFORMANT Address Jesse Shortt, Snow Hill, Md Νo 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH WEEKS Intestinal obstruction IMMEDIATE CAUSE (o) writing the ward DUF TO Conditions, if any, which gave Ovarian carcinoma months rise to immediate couse (a), forwarded ta DUE TO stating the underlying cause last removal, PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO [X 200 EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of in usy in Port I at Part II of item 18.) 3 should Ь PRIMARY I or CONTRIBUTING I 4 shauld CAUSE OF DEATH 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) Hour a.m. factory, street, affice bldg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page of work at wark 21 | certify that I took charge of the remains described above held an Autopsy | Inspection | XI, nguiry X and in my opinion deoth resulted from Notural couses X. Accident , Suicide , Hamicide the tuneral director. Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER SIGNATURE L. Royer, Marl DEPUTY MEDICAL EXAMINER X February 13, 1967 EXAMMER'S 5 may 10 FUNER Health p NAME (Type) Address (Street, city, town, ar county) 1:09 Camden Ave Salisbury, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (vinup)) Spence Baptist Snow Hill. Maryland REC D BY REGISTRAR 256 REGISTRAR S S GNATURE VR A15ME (5) uneral Lome, Snow Hill, 17d. DATE FEB Helengton



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

C (#2	(2873	CERTIFICATE	OF DEATH		02865
and and seed to the seed to th		ACE OF DEATH			deceased lived, if institution. Res	idence before admission)
J. P.	o.	Vicomico	MARYLAND	o STATE Marylai	ad b county	icomico
Jes off		CITY OR TOWN (If outside corporate limits, C. LEN	OTH OF STAY IN 16		orporate limits, write RURAL and	
Pa Pa		write RURAL and give neorest town)		Sharptown		201
ii li Zis.		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stree	t oddress)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
icion ond completely filled in by the funeral leose remove carbon papers. Pages 1, ond 2 and in any event, within 72 hours ofter deoth?	-	Peninsula General Hospi	tal	R.F.D.L Ma	rdela Md.	YES NO
y fil	3. N/	ME OF . First	Middle	Last 4 C	ATE Month	Doy Year
etel arbc >, v	(T)	CEASED DE OF PRINT) WILBERT MC KINLE	Y GAL	NES 1	PEATH / EBRUAR	
mpl re c	S SE	6 COLOR OR RACE 7 MARRIED A	EVER MARRIED 3	DATE OF BIRTH	9 AGE (In years FUN	DER 1 YEAR IF UNDER 24 HRS.
0 P	L/V	ALE NEGRO WIDOWED	DIVORCED ME	y 20,1902	64 yrs.	
one in c	10o U	SLAL OCCUPATION (Give kind of work done nost of working life, even if retired) 10b. KIND OF B INDUSTRY	USINESS OR	11 BIRTHPLACE (County & State	e or foreign country) 12	CITIZEN OF WHAT COUNTRY?
eose and		8 Lillet.		Marylan	d U	S.A.
S O	13. F.	ATHER'S NAME		14. MOTHER'S MAIDEN NAME		
200		Harrison Gains		Martie Tru		
in i	IS. V	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL S 16. SOCIAL S		ORMANT	Address	
erm n, o		No	2-8469 Mai	rtena Gaine	s R.F.D.lMar	
signed by the offending physicion and completely filled in burial-transit permit. Their please remove carbon papers, burial, cremation, or removed and in any event, within 72 h	יווו	8. CAUSE OF DEATH (Enter only one couse per line for (o) (b), PART DEATH WAS CAUSED BY		. 1	-10	INTERVAL BETWEEN ONSET AND DEATH
ons rem		IMMEDIATE CAUSE (o)	roschente	e Heart	mine	27~
ed l al-tr al, c		TAGE DUE TO DUE TO anditions, if ony, which gove)				
ign ign in in in in in in in in in in in in in	n	se to immediate couse (o), (
t pe g		toting the underlying couse (c)				
ficote hos been for use os the Heolth prior to	-	ART A STHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	RIT NOT PELATED TO THE	TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a)	19 WAS AUTOPSY
h h	[N	Sauce as a select le	2000	1 1		PERFORMED?
or u	2 2	DO ACCIDENT WAS UNDERLYING 1 20b DESCRIBE H	OW INJURY OCCURRED. (Er	nter noture of injury in Port I	or Port II of item 18.)	
in the state of th		R CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	1	0		
s ce oche ept.		Oc TIME OF INJURY Month, Day, Year 20d INJURY OF	CURRED 20e PLACE	OF INJURY (Home, form,	20f. (City or town)	(County) (State)
de de de	WED.	Hour o.m. While N	of While Gotton	r, street, office bldg., etc.)	/	- / -
RECTOR: After this certificate 3 should be detoched for u with the Stote Dept. of Heal	l	21. I certify that (I) (this haspital) attended th		123 190	10 2/13	19 that (I) (we) last
the off	Н	saw the deceased alive on	_196 7, and that	Beath accurred at	M, from causes and o	n the date stated above.
C &£	-	220. SIGNATORE	7	ATTENDING MED.	STAFF 221	DATE SIGNED
\$ 2 × 5	l I.	Walnut J- Talnen	M.D.	PHYS. L. DIREC		
Pod billing		22c. PHYSKIAN'S NAME (Type)		22d. ADDRESS		
E P						
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		REMOVAL (Specify)	NAME OF CEMETERY OR CR		3d. LOCATION (City or Town)	(County) (Stote)
5 ° °	F	Rurial 2/18/1967 Z	ion Method	/ 2So. RECTLBY, F	<u>Sharptown</u> Egistrar [*] 25b. registrai	P'S SIGNATURE
VR A15 (4) 20 M 1/66	171	1. A OH. 11. 2 A. C	2/11 21	DATE FEB	2 3 1967 year	contro Judgez
EA W 1100 (1.)	CC	mich as silleten	the day of	UAIE	- V	75 2

to Hospital or Attending Physicians. The low requires that the deoth certificate be executed within 24 hours after deoth.

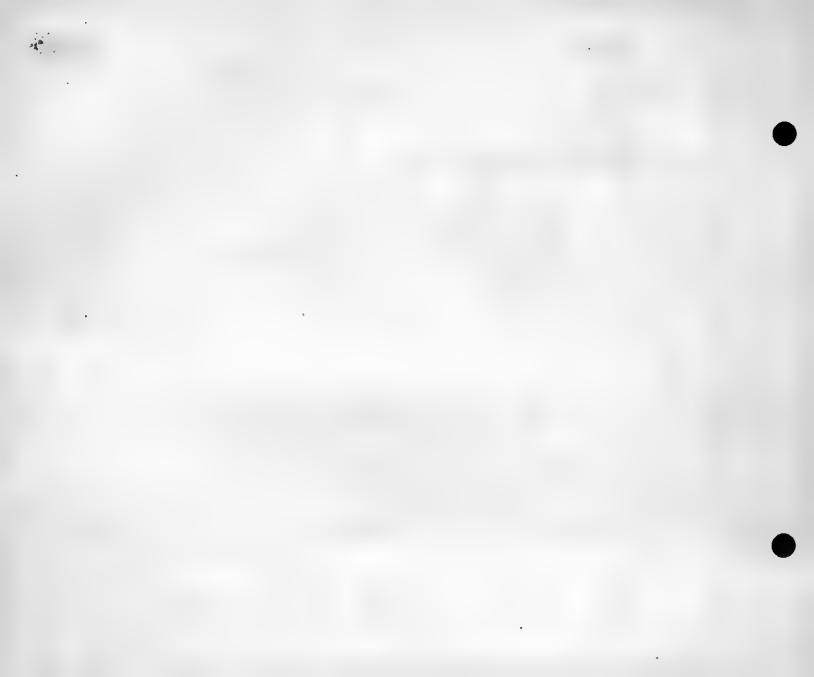
Poge 4 may be retoined by the hospital or ottending physicion.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02866 CERTIFICATE OF DEATH 02874 by the funeral Pages 1 and 2 ve carban papers Pages 1 and 2 event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) 1 PLACE OF DEATH a COUNTY Wicomico n. STATE 6. COUNTY Wicomico MARYLAND Adm. in 1 D b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Mardela Salisbury d STREET ADDRESS e IS RESIDENC d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) physician and campletely filled in en piease remave carban papers ON A FARM? 91. Peninsula General Hospital YES NO F 3 NAME OF Middle Lost 4 DATE Month Year Doy DECEASED FEB 196 ALLEN (Type or print) DEATH AGE (In years IF UNDER 24 HRS S. SEX 8 DATE OF BIRTH F UNDER I YEAR 6 COLOR OR RACE 7 MARRIED 本 **NEVER MARRIED** last birthday) Months Doys Hours Oct. 1, 1896 WIDOWED DIVORCED crematian, or removal, and gany 16 12 CIT ZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) (Retired) Farmer INDUSTRY Farming Hebron. Maryland USA 13 FATHER S NAME 14 MOTHER S MAIDEN NAME Martha Ellen Dashields James E. Gambrill 15 WAS DECEASED EVER IN L. S. ARMED FORCES? Mrs. Minnie E. Gambrill (Wife)
Mardela Springs, Maryland 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war ar dotes of service) Yes War 18. CAUSE OF DEATH (Enfer only one cause per line far (a), (b), and (c) INTERVAL BETWEEN signed by the burnal-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital ar attending physician. DUE TO burial, (Conditions, if any, which gave rise to immediate couse (o). DUE TO for use as the t f Health prior to b stating the underlying cause FUNERAL DIRECTOR: After this certificate has been rectar, page 3 shauld be detached for use as the 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? CERTIFICATION State Dept. af Health NO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notate of injury in Part I or Part II af item 18.) OR CONTRIBLTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour am. foctory, street, office bldg , etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from (1) x 25 1960-ta 7-10- 2 1967 that (1) (we) last director, page 3 shauld shauld be filed with the February 2 19:07, and that death accurred at 10 7 M, from causes and on the date stated above. saw the deceased alive on_ 22b DATE SIGNED 22o. SIGNATURE **ATTENDING** Feb. M.D. PHYS DIRECTOR PHYS. 22d ADDRESS NAME (Type) Dr. Thomas P. Bigbee, Maryland Avenue, Salisbury, Maryland 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23g. BURIAL CREMATION REMOVAL (Specify) Mardela, Maryland Mardela Memorial Cemetery 0 25b. REGISTRAR'S SIGNATURE 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



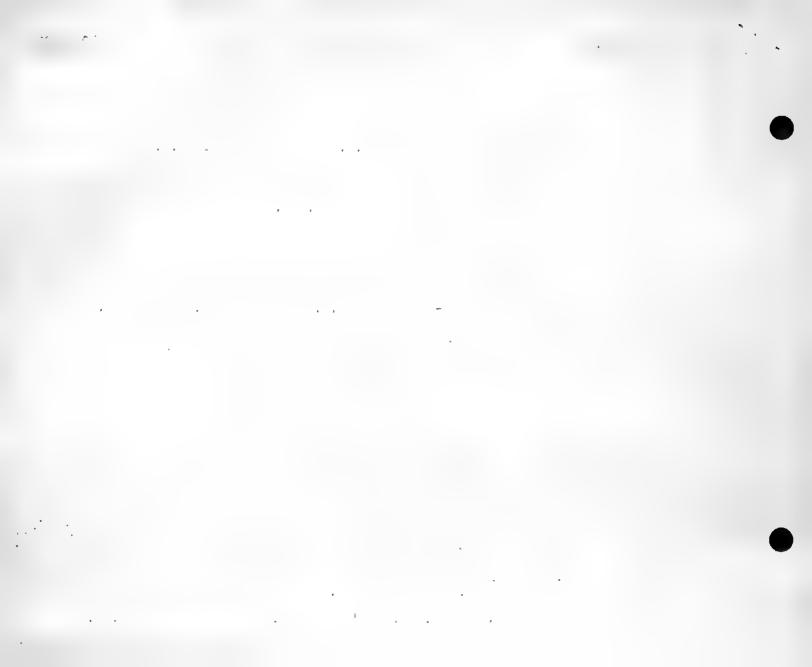
				W. PRESTON STREET, BALTIMORE	, MARYLAND 21201
		02875	CERTIFICATE	OF DEATH	02867
	1.	PLACE OF DEATH		a CTATE	d, if institution Residence before admission)
	,	o. COUNTY Wicomico	MARYLAND	o. STATE Maryland	b. COUNTY Wicomico
		b. CITY OR TOWN (f outside corporate l mits, write RURA, and give nearest tawn)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limit	•
		Salisbury	16 days	Mardela Sprin	- X /
		d NAME OF HOSPITAL OR INSTITUTION (If not in hosp	itol, give street oddress)	d. STREET ADDRESS	e S RESIDENCE On A FARM?
#		Peninsula General	Hospital	San Domingo	YES NO >
	3.	NAME OF	Middle	Lost 4. DATE	Month Day Year
1		DECEASED (Type or print) Lettie	Geneva (SPAZE DEATH FE	RUARY 7 196/
)	5 :	1 1000		, met	In years IF UNDER 1 YEAR IF UNDER 24 HRS birthday) Months Days Hours Min.
/		emale Negro WIDO		une 25, 1912 54	Yrs.
	dun	ing most of working life, even if retired)	DE KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State, or foreign co	CAUNITRY 2
	Į I	Day Laborer - Marvil Ha	ckage Company	Sharptown, Marylan	nd USA
	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	L.	James W. Stanley	1/ cocky security no. 12 h	Bessie Cook	0.21
	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? is, no, or unknown) (If yes give wor or dates of service) NO			Address
	<u> </u>			ra M. Winfield, Wilr	nington, Del
		IB. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	e for {o}, (b), and (c))	lar Hereclen	ONSET AND DEATH
		IMMEDIATE CAUSE (o) HH J J X DUE TO	en caracce	Ver Here all	18 Day
		Conditions, if any, which gove) (b)	TASCUD		Club
	Ш	rise to immediate couse (o), DUE TO			
		last. (c)			
9	S	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONDITION GIVEN IN PA	ART I(a) 19 WAS AUTOPSY PERFORMED?
2	SAT 0				YES NO
	CERTIFICAT	20o ACCIDENT WAS UNDERLYING ☐ 20	b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of i	tem 1B)
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	MEDICAL	Hour o.m.	Od INJURY OCCURRED 20e, PLAC While Not While focto	E OF INJURY (Hame, farm, 20f. (City ary, street, office bldg., etc.)	or town) (County) (State)
	2	p.m. 19 o	twork U otwork U		
		21. I certify that (I) (this-hospital) a	ttended the deceased fram	death accurred at #A,M, fran	19⊆7, that (I) (₩) la n causes and on the date stated abov
		saw the deceased alive an 2/20 SIGNATURE	196. C, unu mui	dedili accorred di 7 77,m, ilui	22b. DATE SIGNED
		Cherry HA	ecester, M.D	ATTENDING MED. PHYS DIRECTOR	STAFF PHYS.
		22c. PHYSICIAN'S		22d. ADDRESS	
1		NAME (Type)	/		
	230	BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR C		(City or Town) (County) (State)
P		REMOVAL (Specify) Burial Feb. 11, 19	67 Zion Church	Cemetery Near St	narptown, Maryland
1	24	Grown framptom A. J. Framptom and Son.	ADDRESS	250. REC'D BY REGISTRAR	2Sb. REGISTRAR S SIGNATURE
-	J.	J. Framptom and Son.	Federalsburg, Mar	vland DATEFFR 1 6 196	7 Cliarles Jugar



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02876 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission the ottending physician and completely filled in by the funeral sit permit. Mean alease remove corbon popers. Pages I and a COUNTY b. COUNTY Som erse ease remove corbon popers. Pages I ond in any event, within 72 hours after b CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside caroarate limits, write RURAL and give negrest fawn) FETIME EA SLAND Salishury d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS ARD AIN YES NO 🔀 General Hospital 3. NAME OF DATE Fast Last Manth Day Year DECEASED (Type or print) INNIE 19/1 DEATH S SEX UNDER 20 HR DATE OF BIRTH AGE (In years COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Davs Haurs DIVORCED WIDOWED KIND OF BUSINESS OR 19a JSUAL OCCUPAT ON Give kind af work dane dur ng kast af wgrking lite, even if refired) BIRTHPLACE (County & State, or fareign country) 12. CIT ZEN OF WHAT INDUSTRY COUNTRY? MARYLAND HUNTING LODGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol. RRIC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT MB (Yes, no, or unknown) (If yes give war ar dates of service) Ы TRINCOS ANNE 4NKNOW N MUGNS buriol, cremation, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 moy be retained by the hospital or attending physician. DEUNERAL DIRECTOR: After this certificate hos been signed by DUE TO Canditrans, if any, which gave (b) rise to immediate cause (a). DUE TO os the prior to b stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART, 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION for use director, page 3 should be detached for use should be filed with the State Dept. of Health NO X X 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 of Part II of item 1B.) 2Dg ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Manth, Day, Year 2Dd INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg Jetc.) at work. 21. I certify that (1) (this hospital) attended the deceased fram 196 and that death occurred at 4/2 M, fram courses and on the date stated above saw the deceased alive an. 22g. SIGNATURE STAFF PHYS. M.D. DIRECTOR 22d. ADDRÉSS 22c. PHYSICIAN'S O HOSPITAL NAME (Type) 23c NAME OF CEMETERY OR EREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. DATE THEREOF (County) (State) REMOVAL (Specify) ST. JOHNS CEMETERY
ADDRESS 2201 250. RECD MID CAL Som 2Sb REGISTRAR'S SIGNATURE 24 FMNERAL DIRECTOR 2Sa. RECD BY REGISTRAR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02877 - FOR STATE HEALTH/DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, funstitution, Residence before admission) b. COUNTY Wicomico o. COUNTY o. STATE delay is ond 3 ta A3. Page Maryland Wicomico MARYLAND b CITY OR TOWN (If outside carparate I mits, write RURAL and give nearest town) CLENGTH OF STAY IN IN c CITY OR TOWN (If outside corparate limits, write RURAL and a ve nearest town) 2, ond . PM3. P Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS ate Dep hours o Office alang with farm Peninsula General Hospital D.O.A. Parker Ave. R.D.#3 YES NO tem 18 Give Pages hours after death 3 NAME OF Middle Lost 4 DATE Month Day Year DECEASED 1967 HELLINGER February 24 within **JOHANNA** (NMT DEATH (Type or pant) AGE (In years IF UNDER 24 HRS S SEX 8 DATE OF BIRTH IF UNDER I YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last girthdoy) Manths Davs Hours Nov. 20, 1897 White W DOWED DIVORCED Female event 11. BIRTHPLACE (Store or fore an country) 10o ...S. AL OCCUPATION (Give xind of work done 106 KIND OF BUS NESS OR 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? gny USA ward "pending" in pencil in the Chief Medical Examiner's pages in any Retired -Chiropractor Germany 34 MOTHER S MA DEN NAME 13 FATHER 5 NAME be executed within Karl Heinrich Koch Emma Kessler and 를 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no. or unknown) (If yes give wor or dates of service) 17. INFORMANT 16 SOCIAL SECURITY NO. ansit permit ar remaval, Louis Hellinger (Husband) R.D.#3, Parker Ave., Salisbury, 108-03-4643 No ANTERVA. BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) DUSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) e, writing the ward farwarded ta the Ch This certificate shauld burral, cremation, DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse o PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? please execute the certificate, NO [X] pe its designated agent, prior to 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mary in Port Lor Port Lof item 18.) FUNERAL DIRECTOR: Page 3 shauld PRIMARY I or CONTRIBUTING I **EXAMINER:** CAUSE OF DEATH 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour o.m. Not While factory, street, office olda, etc.) for your of work ot work D. ITI. 21. I certify that I taak charge of the remains described above, held an Autopsy Inspect on X Inquiry X. and in my apinian death resulted frank Natural causes Accident 🗍 Suicide-Homicide | Undetermined manner CHIEF MED CAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the fulleral O DEPUTY February 2 DEPUTY MEDICAL EXAMINER Б Earl L. Royer Dr. EXAMINER'S 5 may 10 FUNES Address (Street, city, town, or county) NAME (Type) 409 Camden Ave. SH isbury. 23c NAME OF CEMETERY OR CREMATORY 236 DATE THEREOF 23d LOCATION (City or Town) 230 BURIAL CREMATION. (County) (Stote) SEMOVAL (Specify) Cremation Feb. 27,1967 Washington, D. C. J. Wm. Lee's Sons Co. 25b. REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS 28 Minne VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND FEB 1967 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02878 requires that the death certificate, be executed within 24 haurs after death 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission funera Wicomico a. STATE b. COUNTY Maryland Worcester MARYLAND burial-transit permit. Then please remave carban papers. Pages I burial, cremation, ar remaval, and in any event, within 72 haurs after b (ITY OR TOWN (f outside carporate limits, write RURA, and give nearest town) campletely filled in by the acceptant papers. Pages c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 days Rural-Pocomoke City Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? R.F.D. 2 Hospital YES NO X Peninsula General 3. NAME OF 4. DATE First DOY Year DECEASED Willis Reynolds DEATH (Type or print) DATE OF BIRTH 9. AGE (In years Months Doys JE UNDER 24 HRS. S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthdoy) Hours 1,1898 Oct. WIDOWED DIVORCED 10b KIND OF BUSINESS OR INDUSTRY Produce 12. CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done COUNTRY? during most of wark na life even if retired) physician Maryland 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME y the attending phys William Thomas Howard Hattie Miller WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes no, ar unknown) (If yes give war or dates of service) 261-28-7654 Mrs Bertha C. Howard, Pocomoke, Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART | DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO has been stating the underlying couse directar, page 3 shauld be detached far use an the shauld be filed with the State Dept. af Health priar ta last. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO O FUNERAL DIRECTOR: After this certificate 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) Page 4 may be retained by the haspital 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year Hour om. factory, street, office bldg., etc.) at work at wark 196 /, that (i) (we) last , 19 - C, to = 1/63 21. I certify that (I) (this haspital) attended the deceased fram_ 19-1, and that death occurred at 1 7 M, fram causes and on the date stated above. saw the deceased alive on___ 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** STAFF PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OF CHEMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) Burlal Burlal First Baptist City, Wor. Md. Pocomoke 2-21-1967 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 EHNERAL DIRECTOR VR A15 (4) 20 M 1/66 Pocomoke City, Md. Watson

Rober



I NO THE REAL PROPERTY.	1	Division of STATISTICAL RESE	MARYLAND STATE DEF EARCH AND RECORDS, 301		MORE, MARYLAND 2	1201
Cr.	1 had 1	02879	CERTIFICATE	OF DEATH		02871
	uneral uneral ar death	Place OF DEATH COUNTY Wicomico County	MARYLAND	2. USUAL RESIDENCE (Where decease of STATE Maryland	L COUNTY	dence before admission)
	certificate be executed within 24 haurs after death. g physician and campletely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 maval, and in any event, within 72 haurs after death.	b CITY OR TOWN (If curside carparate limits write RURAL and give nearest tawn) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital)	tength of stay in 1b 1543 days give street address)	c. CITY OR TOWN (If autside corporate Faston d STREET ADDRESS	e limits, write RURAL and g	e IS RESIDENCE ON A FARM?
	filled filled thin 72	Deer 3 mead Deace MUSUI	tal Middle	10 Locust Str	reet	YES NO
	campletely filled tove carbon pape by event, within 7	3. NAME OF DECEASED Type or prints atherine Eileen 5 SEX 6 COLOR OR RACE 7. MARRIED		HOWELL 4. DATE OF DEATH DATE OF BIRTH 9	February	Day Year 1 19 67 ER I YEAR 1 # UNDER 24 HRS.
	execut nd cam emove any ev	Female White WIDOWED		Aug. 27, 1928	last binthday) Months	
	ate be ician ar lease r and in	during, frost of york no are leven if retired)	NDUSTRY	Queen Anne	Manyland	CP5747?
1	g physi Then pl maval,	John F. Baynard		(atherine (ol		
	at the death the attendin sit permit. I matian, ar rei	Nes no accombance \ [III are accompanied]		iformant J. Baynard, Eas:	ton, Md.	
		DUE TO	r (a), (b), and (c)) ningioma (Left)	Frontal Lobe wit	h surgery.	interval between onset and death
	The law requires the attending physician, has been signed by se as the burial-train hariar to burial, cre	Conditions, if ony, which gave nise to immediate cause (a), stating the underlying couse lost.				
	IAN: The low rei	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO TI	HE TERMINAL DISEASE CONDITION GIVE	I IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO X
	the haspital ar attending the haspital ar attending this certificate has been setached for use as the EDept. of Health prior to	OR CONTRIBUTING CLAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port	II of item IB.)	
	by the haspitch by the haspitch this certification be detached by State Dept. of	Haur o.m. While p.m. 19 at wo	le Nat While facto	E OF INJURY (Home, farm, 20f. iry, street, affice bldg., etc.)		County) (State)
	L OR ATTENDING be retained by t DIRECTOR: After ge 3 shauld be iled with the State	21. I certify that (1) (this haspital) after saw the deceased glive on Februar	nded the deceased fram No y 1 19 67, and that	vember 14, 1962, to death accurred at 3:33 P.M	, fram causes and an	the date stated above.
	O HOSPITAL OR ATTENI Page 4 may be retained FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	220. SIGNATURE W. Wale	lly Mo		CTACE	DATE SIGNED -6-67
	ERAL D	22c. PHYSICIAN'S NAME (Type) Dr. L. V. Mald		Deer's Head Sta		Salisbury, Mo
	TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	230 BURIAL CREMATION, 23b DATE THEREOF 2/7/1967	Spring Hill		ston, Md.	(County) (State)
	VR A15 (4)	24. FUNERAL DIRECTOR E. NEUMAM & SON	Easton, Md.	25a. REC D BY REGISTR	AR 256 REGISTRARS	SSIGNATURE Judg



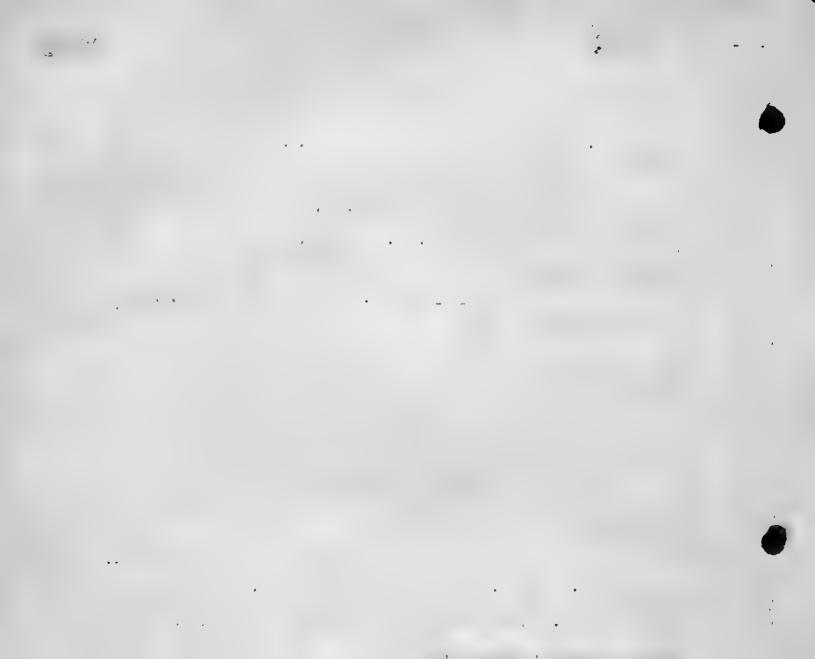
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02880 Kan and campletely filled in by the funeral trace remave carban papers. Pages 1 and 2 and in any event, within 72 haurs after death. requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) Wicomico **b** COUNTY o. STATE Maryland Wicomico MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Salisbury Salisbury day prease remave carban papers. d STREET ADDRESS S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) N. Division St. Peninsula General Hospital YES NO K 3 NAME OF DECEASED 4. DATE Month Year Frances (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 MRS S SEX DATE OF BIRTH AGE (In veors 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Months Haurs Days WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT Saleslady COUNTRY? Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Jennie Carter Leanard F. Townsend the attending to 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates of service) signed by the attendii burial-transit permit. 229-18-2868 Fred Hudson Dobbs Ferry, N.Y. 10522 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY 92 022 CVE IMMEDIATE CAUSE (a) Fage ■ may ■e retain■d by th■ haspital ar aftending physician DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO as the stating the underlying couse 3 should be detached far use as the with the State Dept. af Health priar ta has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item IB.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, form, 20f (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED factory, street, office bldg., etc.) Haur a.m. Nat While at work at work , 1966, to 126-8, 19-1, that (1) (we) lost 2). I certify that (1) (this-hospital) attended the deceased from 1/1012 1947, and that death occurred at 7:557 M, from causes and on the date stated above. saw the deceased plive an 2 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, page 3 shauld be filed v M.D DIRECTOR 22d ADDRESS 22c PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOYAL (Seedly) 23d LOCATION (City or Town) (Stote) (County) Parsons Cemetery Salisbury, Maryland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66



2-1	MARYLA Division of STATISTICAL RESEARCH AND	ND STATE DEPARTMENT OF HEALTH D RECORDS, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201
÷ 2 ÷ *	00000	CERTIFICATE OF DEATH	02873
hours after death n by the funeral s. Pages 1 and ' hours after death	write RURAL and give nearest town)	OF STAY IN 16 C. CITY OR TOWN (If ourside corp.	eased lived, if institution: Residence before admission) b COUNTY Orote limits, write RURAL and give nearest town)
ate be executed within 24 cran and campletely filled itease remove carban paper and in driverent, within 72	(Type or print) NOAA	Middle HUDSON R MARRIED 8 DATE OF BIRTH, DIVORCED 5 12 1 889 NESS, OR 11 BIRTHPLACE (County & Stote or 14. MOTHER'S MAIDEN NAME Anna Bu	9 AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last burthday) YES Manths Days Hours Min
SICIAN: The law requires that the death certificated ar attending physician. Trificate has been signed by the attending physical for use as the burial-transit permit. Then play of Health priar ta burial, crematian, ar remaval,	II SE I OR CONTRIBUTING □ CAUSE OF DEATH	oclaratic Heart	PERFORMED? YES NO
Poge 4 may be retained by the haspital ar attending FUNSECIAN: The law rapoge 4 may be retained by the haspital ar attending FO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to	20c. TIME OF INJURY Manth, Day, Yeor Hour a.m. p.m. 19 at work at wore work at	foctory, street, affice bldg., etc.) eceased from PLLY, 1967, eceased from ATTENDING MED. M.D. PHYS DIRECTOR 22d. ADDRESS E OF CEMETERY OR CREMATORY 23d.	(City ar town) (County) (State) to 20, 1967, that (I) (we) last M, fram causes and on the date stated abave. STAFF PHYS. 22b. DATE SIGNED
VR A15 (4) 20 M 1/66		DRESS Del DATECT 21	TRAR 25b. REGISTRAR'S SIGNATURE 1967 YCharley Ynoga



	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
- o-	02882 CERTIFICATE OF DEATH 02874
	1. PLACE OF DEATH a. COUNTY Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Salisbury 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmission) b. COUNTY MARYLAND c. CITY OR TOWN (ill outside corporate limits, write RURAL end give neerest town) Nan jemoy
hours a	d. NAME OF HOSPITAL OR INSTITUTION (ill nol in hospital, give street eddress) 305 N. Clairmont Drive R.D.#1 90A STREET ADDRESS R.D.#1 90A STREET ADDRESS A DATE Month Day Year
	Decarate Carter Hughes OF Death February 15 1967
	James Harvey Highes 14. MOTHER'S MADEN NAME Phoebie Powers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Ifyesgive were relates of service) 400-07-7403 Mrs. Nellie Hughes (Wife), Ranjenoy, Maryland 18. Cause of Death [Enter only one cause per line for (e), (b), end (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE [a) Due to Conditions, if eny, which (b)
. 4	geve rise to immediate cause (a), stating the underlying DUE TO tause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) While Not While all work sil w
1	21. I certify that (I) (this hospital) attended the deceased from \$\frac{1}{2}\$. 19.67 to \$\frac{2}{2}\$. 19.67 that (I) (we) lest saw the deceased alive on \$\frac{1}{2}\$. 19.67 and that death occurred at \$\frac{1}{2}\$. 19.67 and the date stated above. 220 SIGNATURE 220 SIGNATURE 221. 19.67 and that death occurred at \$\frac{1}{2}\$. 19.67 with causes and on the date stated above. 222. PHYSICIAN'S DIRECTOR \$\frac{1}{2}\$ PHYS. \$\frac{1}{2}\$ P
8	Burial Feb. 18,1967 Lewis Family Cemetery Willards, Maryland
MI	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS PRESISTRAR 256, REGISTRAR'S SIGNATURE
62	HOLLOWAY & COMPANY, SALISBURY, MARYLAND



]	MARYLAND STATE Division of STATISTICAL RESEARCH AND RECORDS,	DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE MARYLA	ND 21201
· FOR"STATE	00000	'S CERTIFICATE OF DEATH	02875
HEALTH IDEPT.	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceosed lived, if institution	
2 5 8 8	o COUNTY Wicomico MARYLAND	o. STATE b. COUNTY	Wicomico
y delay is y and 3 ta PM3. Page artmen at	b CITY OR TOWN (If outside corporate I mits, c LENGTH DE STAY IN 16	CITY OR TOWN (If outs de corporate limits, write RURA)	
y delta and m3. I	write RURAL and give nearest town) Salisbury	Salisbury	241
- 50	d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS	0 IS RESIDENCE DN A FARM?
MINER: This certificate should be executed within 24 hours after death 1f any delay the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 4 shou d be forwarded to the Chief Medical Examiner's Office along with farm PM3. Pager files e 3 should be used as a burial-transit permit file pages land 2 with the State Department gent, prior to burial, cremation, ar remaval, and in any event within 72 hours after deal	311 Locust Terrace	311 Locust Terrace	YES NO DE
Pag Pag vith Sto 72 }	3 NAME OF First Middle DECEASED	Last 4. DATE Month	Doy Year
d seed	(Type or print) JABE DEXTER	HYLTON, JR. DEATH Februar	
urs after m 18. Give rice mlang p2 with en=within	S SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARRIED	last hirthday)	TE JNDER TYEAR IF UNDER 24 HRS Moaths Days Hours Min
S E E E	Male White WIDOWED DIVORCED 100 JUNE 10	May 23, 1920 46 yrs	12 CITIZEN OF WHAT
Item Offi	100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plant Laborer 100 K ND OF BUSINESS OR INDUSTRY		COUNTRY?
thin 24 th micil in It miner's C pages 10 in any e	13. FATHER'S NAME	South Dakota 14. MOTHER'S MAIDEN NAME	USA
min min			
will will be by be by be by be by be by	Jabe D. Hylton, Sr. IS WAS DECEASED EVER IN S ARMED FORCES? 16 SOCIAL SECURITY NO	Ann E. Felicia Slusher Address	
urtec ical val,	(Yes, no, or unknown) (if yes give wor or dotes of service) 219-03-5101A	Mrs. Ann H. Disharoon (Mot. 311 Locust Terrace, Salish	her)
This certificate shauld be executed within 24 haurs after death ficate, writing the ward 'pending' in pencil in Item 18. Give Page 1 be farwarded to the Chief Medical Ilxaminer's Office along with the labe used as a burial-transit permit. File pages I and 2 with the Station to burial, cremation, ar remaval, and in any eventwithin 72 had	18. CAUSE OF DEATH (Enter on y one couse per ling for (o), (bit and (c))	O Salist Terrace, Salist	ury, Maryland
be e e ief i	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Summer Elem	NSET AND DEATH
and	44 5 X DUE TO D	11 0 50	1
shau the urial	Conditions, if ony, which gove) (b) Congestive	· Heart Warling	hou
the state of the s	rise to immediate couse (o), stoting the underlying couse		44
ifica fing rdec as as	lost. (c) how	every C.O. Wasser	Jenn
certif , writi arwan used (burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	WAS AUTOPSY PERFORMED?
his ote, To be u	The state of the s		YES K NO
d build right	□ PRIMARY □ or CONTRIBUTING □	RED (Enter nature of injury in Port Lar Port Lafitem 18)	
NER: T certification de biles shauld it, priar	CAUSE OF DEATH 3 20c TIME OF INJURY Month Day Year 20d N.JRY OCCURRED 20e	PLACE OF INJURY (Home form, 20f (City or town)	(County) (State)
AMINER: This at the certificate, at 4 shound bar files agent, prior ta	Hour o.m. While Not While	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(CO011Å) (21046)
AL EXAM execute the sacrute the sacrute the sacrute the sacrute the sacrute the sacrute to sacrute to sacrute to sacrute sacru	21. I certify that I took charge of the remains described above	hold on Autono (V) hometing (V) homet	v V and in any enimal
f MEDICAL EX. please executs al director. Page retained for ye L DIRECTOR: Po		, held an Autopsy 🛣 , Inspection 🛣 , Inquir Sweidé 🧻 Hamicide 🗍 Undetermined mar	
Se	dediti resorted floors (adioidi cuoses 7), Accident [],	CHIEF MEDICAL EXAMINER	mei [_]
UTY MEDTA IN, please e eral director be retained RAL DIRECT or its design	ACTUAL SIGNATURE CON L	M.D. ASSISTANT MEDICAL EXAMINER.	22. DATE SIGNED
any, perall be reall or if	ryanufau Dr. Ford I Dane	DEPUTY MEDICAL EXAMINER	b. 21 /1967
O DEPUTY MEDICAL EXAMINER: necessary, please execute the certifier funeral director. Page 4 shou d 5 may be retained for your files of FUNERAL DIRECTOR: Page 3 should Health or its designated agent, principle.	NAME (Type) 409 Camden Ave. Salisbury	Mary Landress (Street, city, town, or county)	
o D EU	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City or Town	
F	Burial (Sparty) Feb. 23,1967 Wicomico Me		
VR A15ME (5)	24 FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYI	A 7777	Charles Judge
6M 1/66	HOTTONET OF CONTESTAL POTENTIAL AND	DATE FEB 2 8 1967 3	

e 1

	MARYLAND STATE DEPARTMENT OF HEALTH 0288 Avision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
	LICEMS 11,12,13,14 Film G 300 CEDTIENCATE OF DEATH	02876
£ ~ ~ #	3713767 116	
deal deal	1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, stop, COUNTY 0. STATE	Institution: Residence before admission) b. COUNTY
	Wicomico MARYLAND MARYLAND	Wile mias
the funeral ages I and	b. CTY OR TOWN (If autside carparate hants, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate hants, write RURAL and give nearest tawn)	
haurs after n by the fr s Pages haurs after	Salisbury (1/ Ebrun	2.2
in bers.	d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death e haspital ar attending physician. his certificate has been signed by the attending physician and completely filled in by the funeral stacked far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death	Peninsula General Hospital	ON A FARM? YES NO
with:	3 NAME OF First Middle A Lost 4. DATE	Month Doy Year
d with letely arbon nt, wit	(Type or print) Addre Jackson DEATH Jeb	ruary 12 1967
e de la companya de l	S SEX 6 COLOR OR RACE 17 MARPIED TO MEVED MARPIED TO ALEVED MARPIED TO A DATE OF SIRTH 9 AGE (0	yeors FUNDER I YEAR IF JINDER 24 HRS.
xerut	Female Negro WIDOWED DIVORED 12-05-22	hday) Months Doys Hours Min
e exe	10a USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign count	ry) 12 CITIZEN OF WHAT
e b ase		COUNTRY?
icat isici pec i, a	13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	L_U.S.A.
ertificate be physician c nen please naval, and in	Will Hayward Nettie Custis	
em Ha	Will Hayward Nettie Custic Is was deceased ever in us armed forces? 16 SOCIAL SECURITY NO. 17 INFORMANT	Address
ne death certificate attending physician permit. Then please ian, ar remaval, and	(Yes, no, or unknown) (If yes give wor or dates of service)	
attr attr an,	10 CAUGE OF DEATH (Convenience on Fig. (c) (AA) -1/A)	INTERVAL BETWEEN
at the death cei the attending f ssit permit. The matian, ar rema	18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
than than the remarkable to the remark than the remark than the remark that th	IMMEDIATE CAUSE (o)	
equires that the d physician. signed by the att burial-transit per burial, crematian,	Conditions, if any, which gave) DUE TO Matantala CS 1 CX	15 year
Phy Suri	rise to immediate couse (a),	
ng en tal	storing the underlying couse	/
the law re attending has been se as the h priar ta	OST.	I(o) 19 WAS AJTOPSY
The law refractions in attending to the box been such that here as the bull the prior tab	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART	PERFORMED?
AN: The all ar att icate ha far use Health	AND DESCRIPTIONS INDEPENDING THE REPORT HOW INVENDED ACCURATE AS A SECOND FOR A SEC	YES NO
rysician: haspital ar certificate ched far u	200 ACCIDENT WAS UNDERLYING 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item OR CONTRIBUTING CIPETHER NOTIFY MEDICAL SYMMINED.)	1 (8.)
YSI dasp cert thec		(5)
G PHYSIC the haspi this certs detached te Dept. ai	20c TIME OF (NJURY Month, Day, Year Hour o.m. 10 While Not While foctory, street, office bidg., etc.) 20f. (City or the street of the street o	lown) (County) (Stote)
N × × × × × × × × × × × × × × × × × × ×	p.m. of work in of work in the state of the	- 1
OR ATTENDING De retained by the HRECTOR: After is e. 3 should be die ed with the State	21. I certify that (I) (this haspital) attended the decreased from 1 , 19 1 to 19 mg from 19 and that death accurred at 42.45 M from 6	19 b / that (I) (we) las
H de Rie E	saw the defeased drive difference of the first training death declared difference differ	
OR ATTENI OR ATTENI DIRECTOR: A e 3 shauld ed with the	220. SIGNATURE ATTENDING MED. STA	FF 22b DATE SIGNED
DIR be 3 ed v		3 14 2 1 4 0 1
Poge 4 may be retained by the FUNERAL DIRECTOR: After the director, page 3 shauld be de shauld be filed with the State	22c. PHYSICIAN'S HELKO SAHAETANN 22d. ADDRESS P. G. (+	
DSP 1NE	230 BURIAL CREMATION 236 DATE THERIOF 230 NAME DECEMETERY OR CREMATORY 23d) LOCATION (C)	ty of Jown) ((Coupty); (Start)
O HC	PALS KNOWN	Krus Lilia W
F	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR	2Sb REGISTRAR'S SIGNATURE
VR A15 (4) V 20 M 1/66	Laster) III. West, alesture DATE MAR 7. 1967	Milanles Judge
	11.000	The second

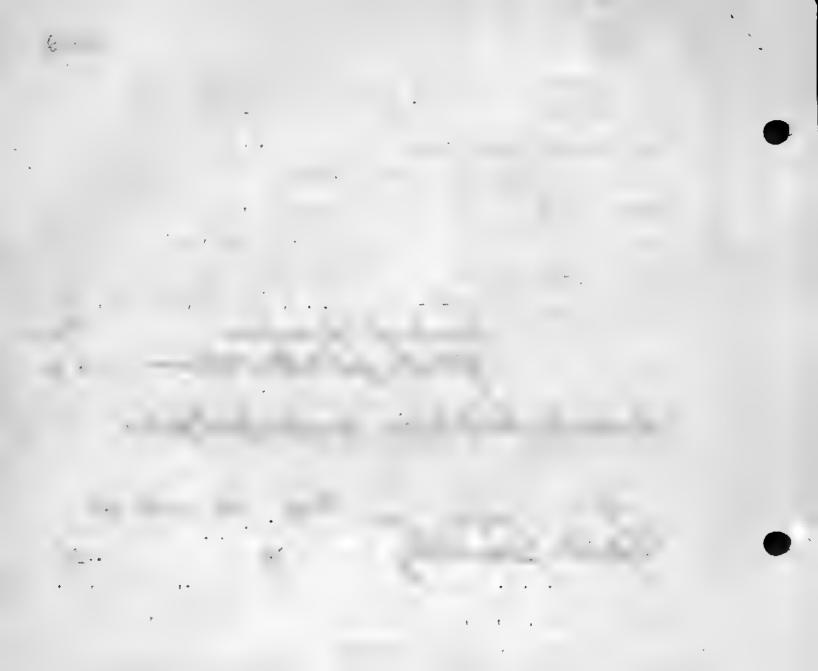


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02885 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o STATE **b.** COUNTY Wicomico MARYLAND Wicomico b CITY OR TOWN (If acts de carporate limits, write RURAL and give nearest town) c. ENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) after Salisbury Parsonsburg d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? hours DOA Peninsula General Hospital YES NO [hours after death 3. NAME OF M ddle Lost Month Dov Year DECEASED JOJES MADTHE Give DEATH (Type or print) 8 DATE OF 8 RTH IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED AGE (n years last birthday) Months Days 2-21-60 AA WIDOWED event Lond! 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (State or fore an country) during most of working life, even if retired) · INDUSTRY the Chief Medical Examiner's 14 MOTHER'S MANDEN NAME w thin 13 FATHER 5 NAME .⊆ File 17. INFORMANT 16. SOCIAL SECURITY NO. This certificate should be executed removal. (Yes, no, ar unknown) (If yes a ve wor ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Fracture dislocation of the cervical spine Ь IMMED ATE CAUSE (o) cremotion, DUE TO Conditions, if only, which gove te, writing the v forworded to th rise to immediate couse (a), DUE TO stating the underlying couse rast. burial, WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLENG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO EX prior ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) 3 should PRIMARY N or CONTR BUTING car as she ran across road. CAUSE OF DEATH its designated agent, (City or fown) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2 20e PLACE OF INJURY (Home, form (County) Not While Hour o.m foctory, street, office bidg , etc.) Parsonsburg, Viconico, Ild. ot work L 21. I certify that I took charge of the remains described above, held on Autopsy Inspection 4. Inquiry X, and in my opinion Accident X Undetermined manner death resulted from Natural causes Suicide . Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMENER SIGNATURE O DEPUTY EXAMPLER'S Lar 1 DEPUTY MEDICAL EXAMINER February 7, 1967 Health or Royer, Address (Street, city, town, or county) Ave. Salisbury. Camden NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) 50 REMOVAL (Specify) Heres Men. HE 256 REGISTRAR S SIGNATURE 2SO REC'D BY REG STRAR 24 FANERAL DIRECTOR Munico VR A15ME (5) 1967 Jolley Funeral Home, Salisbury, Md. DATE

1	It	ems 18&21 Film 385 2-17 MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	EPARTMENT OF HEALTH DI W. PRESTON STREET, BALTIMORE, MARYLAND	21201
FOR STATE		02886 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02878
HEALTH DEPT.		PLACE OF DEATH COUNTY VIICOMICO MARYLAND	2. USUAL RESIDENCE (Where deceased lived of institution Resonant of the county of the	dence befare admiss on) FICOMICO
y delay is ond 3 to PM3. Page art ment of fler deoth.		b CITY OR TOWN (If outs de carporate I mits, write RURAL and give negest tawn) C LENGTH OF STAY IN 1b MO.	c (ITY OR TOWN (if autside corparate limits, write RURAL and SALISBURY	g ve nearest tawn)
orm o Dep		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) PENINSULA GENERAL HOSPITAL	d STREET ADDRESS 407 CAPIDEN AVE.	e IS RESIDENCE ON A FARM? YES NO
24 hours after death. If any delay is in Item 18. Give Pages 1, 2, and 3 to confice along with farm. PM3. Page and 2 with the State Department of my event within 72 hours after death.		NAME OF First Middle DECEASED (Type or print) 다고 다 아니는 어디에 다 다 하는데 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	Lost 4 DATE Month Of DEATH Lost Peb.	Doy Year 4 1967
rs after 18 Giv e along 2 w th it wathi	5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED	Aug. 26, 1923 43 "thay) Mant	DER I YEAR IF UNDER 24 HRS hs Days Hours Min
24 hours in Item 18 min Office examples, and 2 min event	10c dur	USJAL OCCUPATION (Give kind of work done 10b, KIND OF BLS NESS OR INDUSTRY PRINTED THAT THAT THAT THAT THAT THAT THAT THE PRINTED THAT THAT THE PRINTED THAT THAT THE PRINTED THE PRINTED THAT THE PRINTED	11 BIRTHPLACE (State or foreign country) Oh1o	COUNTRYSA
	13	FATHER'S NAME Willard King	14. MOTHER'S MAIDEN NAME Alice Lazette	
uted with personal control con	15 (Ye		informant 4000 Sam ife: Mrs. Glova King Salisbu	den Ave. ry, Md.
MINER: This certificate should be executed within the certificate, writing the word "pending" in pencil 4 should be forwarded to the Chief Medical Examiper files. B should be used as a burnol-transit permit. File pragent, prior to buriol, cremation, or removal, and in a		Conditions, if any, which gave itse to immediate couse (a), stoting the underlying couse (b)	ritis of right kidney, sev	INTERVAL BETWEEN OMSET AND DEATH ere two wesks
s certifi e, writir forward to used o	FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		19 WAS AUTOPSY PERFORMED? YES 24 NO
srtifi uld ould prio	CERT FIC	200 EXTERNAL CAUSE WAS PRIMARY ID OF CONTRIBUTING ID CAUSE OF DEATH.	(Enter noture of injury in Part or Port 1 of item 18)	
EXAMINER: tute the certifuge 4 should ryour files. Page 3 should ded agent, pri	MEDICAL CERT	20c. T.ME OF INJURY Month, Day, Year 20d INJURY OCCLRRED 4 Hour a.m. 19 While at work at wark at work at work 200	ACE OF NJURY (Hame, farm, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
DEPUTY MESTAL EXAMINE RESSARY, please execute the company, please execute the company be retained for your file. FUNERAL DIRECTOR: Page 3 sheelth or its designoted agent.		21. I certify that I took charge of the remains described above, hi deoth resulted from: Natural causes 3, Accident , Sui	eld an <u>Autopsy (A), Inspection (A), Inquiry (</u> icide (), Homicide (), Undetermined manner CHIEF MEDICAL EXAMINER ()	U / 1
UTY ME rry, plea erol dire be retai RAL DIR or its d		ACTUAL SIGNATURE - Stephan Tymkiw, M.D.	M.D ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. date signed 2-4-67
TO DEPUTY necessary, p the funeral 5 may be n TO FUNERAL Health or if	230	NAME (Type) Peninsula General Hospital Salta Burial CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	23d LOCATION (City or Town)	(County) (State)
VR A15MII (5)	3	BUTTATE 2/8/67 Wood Lawn 4 TWEEL DISTURDS TO STANSBURY 6411 Windsor Mill Rd	250. REC O BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death 1. PLACE DF DEATH 2. USUAL RESIDENCE (Whore deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Wicomico Marvland n and completely filled in by the 1 remove carbon papers. Pages 1 in any event, within 72 hours after Wicomico MARYLAND C. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Adm. 730767 Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? R.D. Peninsula General Hospital YES NO executed within 3. NAME DE DATE Month Middle 4. Year DECEASED 67 LANDING February ELIZABETH 19 (Type or print) HEILEN DEATH 6. COLDR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months September 25 WIDOWED DIVORCED T Female White attending physician a ermit. Then please re m, or removal, and in 10a. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) UŠA Somerset County, Maryland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Druicilla Frances Revelle George Washington Basford n signed by the attendi burial-transit permit. I burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. Miss Frances Landing (Daughter) death (Yes. no. or unkown) (If yes nive war or dates of service) Cedar Lane, Salisbury, Maryland 216-48-5 No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), this certificate has been signed by the detached for use as the burial-transit is Dept. of Health prior to burial, cremai PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hospital or attending physician. DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last CERTIFICATION PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) State Hour a.m. FUNERAL DIRECTOR: After irector, page 3 should be done of the died with the State Not While at work ATTENDIN be retained cortify that (I) (this hospital) attended the deceased from Zand that death occurred at 9.155M, from the causes and on the date stated above DATE SIGNED ATTENDINGS PHYS. MED. DIRECTOR STAFF PHYS. M.D. Page 4 may ADDRESS PHYSICIAN'S director, p should be 1 NAME (Type) Maryland Ave., Salisbury, Md. E. M. Beardslev Dr. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION. REMOVAL (Specify) Salisbury, Maryland 12,1967 Parsons Cemetery Burial REGISTRAR'S, SIGNATURE REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02889death 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY a. STATE **b.** COUNTY Worcester lease remave carban papers. Pages 1 and integer event, within 72 hours after Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 12 days Rural-Pocomoke City the attending physician and completely filled in by sit permit. Then please remove carban papers. P Salishurv d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? R.F.D. 2 YES NO K Peninsula General requires that the death certificate be executed within 3 NAME OF 4. DATE Lost Yeor Day DECEASED OF DEATH (Type or print) DOX 19 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Jast birthday) Dovs 1892 July WIDOWED 20 DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Worcester County, 12. C TIZEN OF WHAT during most of warking "te, even if retired)
Housewife INDUSTRY COUNTRY? Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME burial, cremation, ar removal, Robert Watson Mary Elizabeth Powell IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. signed by the attendi burial-transit permit. (Yes, np, or unknown) (If yes give war or dates of service) Miss Helen Maddox, Pocomoke City, None 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN ONSER AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gave use to immediate cause (a), DUE TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to lost. 19. WAS AUTOPSY PERFORMED? CONDITIONS CONTRIBUTING TO DEATH BUT-NOT RELATED THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES [20o. ACCIDENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (State) (City or town) (Caunty) Hour o.m. factory, street, office bldg., etc.) at wark ot work 21. I certify that (I) (this bespital) attended the deceased fram and that death accurred at 93M, fram causes and an the date stated above saw the deceased alive on_ 220 SIGNATURE 22b. DATE SIGNED Rya M.D. DIRECTOR 22c. PHYSICHAN'S David J. Gilmore, M.D. Medical Center. Salisbury. Md. 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY DORNERS NAME OF CEMETERY DORNERS 23d. LOCATION (City or Town) (County) (Stote) 2-23-1967 First Baptist Pocomoke City Wor Md **ADDRESS** 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE. VR A15 (4) 20 M 1/66 Pocomoke City, Md. DATE FEB Robert Watson



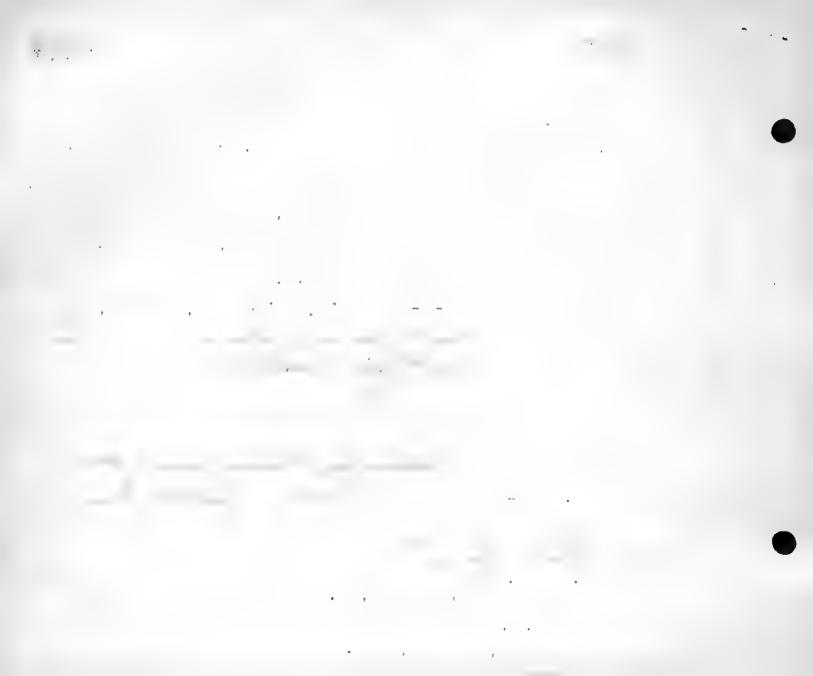
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death, death. USUAL RESIDENCE (Where deceased lived, if institution: Residence 1. PLACE DF DEATH a. CDUNTY b. COUNTY a. STATE after -Wicomico Wicomico Maryland MARYLAND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Pag within 72 hours Adm. in hours Salisbury Salisbury 20767 ,= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? Peninsula General Hospital NO v 606 Waverly Street YES completely 3. NAME DE DATE Year Middle Last Day DECEASED event, 1967 MAY DEATH February 2 (Type or print) REGINA MINOGUE executed 5. SEX AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED X NEVER MARRIED AUR and 67 DIVDRCED [July 26. 1899 WIDDWED Female White 10a. USUAL OCCUPATION (Give kind of work done. 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) House-Wife & teacher (Ratired) USA School Baltimore. Maryland death certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME James Quinlan Mary Kennedy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address ed by the attent transit permit. (Yes, no, or unkown) (If yes give war or dates of service) Mr. Edward A. Minogue (Husband) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] signed by th ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a burial-t burial, DUE TO Conditions, if any, which been gave rise to immediate the r to DUE TO (a), stating the as th underlying cause last. certificate has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? NO TO YES [Colenia A rtuiose/egosis 0 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I ţ, OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached State Dept. c MEDICAL 20d. INJURY OCCURRED (County) (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While FUNERAL DIRECTOR: After irector, page 3 should be doubt be filed with the State be retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from. 1962, to. 19 6 that (I) (we) last .19 67, and that death occurred at 8:25M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed v ATTENDING PHYS. DIRECTOR PHYS. M.D. Page 4 may PHYSICIAN'S NAME (Type) ADDRESS 22c. Center, Salisbury, Maryland Clifford Medical James L. 23d. LDCATION (City, town or county) BURIAL, CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Baltimore County. Druid Ridge Cemetery Burial BEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE, 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02891 ve carban papers Pages 1 and 2 event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remave carban papers Pages I and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence bell o. COUNTY b. COUNTY b. City OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) MARYLAND c CITY, OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENC ON A FARM NO NAME OF DATE Doy Year Lost DECEASED DEATH 196 (Type or print) IF JNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED tost birthday) Hours WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 JSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) during most of working I fe, even if retired) COUNTRY? INDUSTRY +0155 111 AX MINFORD 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME signed by the attending burial-transit permit. Th INFORMANT WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 Address (Yes, no, or unknown) (if yes give wor or dotes of service burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY intruor IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO far use as the t f Health priar to b stating the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO YES 🗆 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bidg., etc.) Not While at work 19.6/, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram shauld 19 6 7, and that death accurred at 8 7, M, fram causes and an the date stated above. saw the deceased alive-on_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.D. DIRECTOR page 3 be filed PHYS 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) directar, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL CREMATION. 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR **EUNERAL DIRECTOR** VR A15 (4) 20 M 1/66 FEB 2 19h

5 24 Eng !

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02884 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 32892 FOR STATE HEALTH DEPT. I PLACE OF DEATH 2 USUAL RESIDENCE (Where decepsed lived, if institution Residence before pdm ssipn) o. COUNTY o. STATE **b.** COUNTY Wicomico after death. Wicomico MARYLAND Maryland Department b CITY OR TOWN (if outside corporate limits, c . ENGTH OF STAY IN 1h c CITY OR TOWN (If outside corporate in its write RURAL and give nearest town) write RURAL and give nearest tawn) Salisbury Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e 15 RESIDENCE ON A FARM? 72 havrs c 516 E. Locust Street Peninsula General Hospital NO A YES Item 18 Give Pages 3. NAME OF Midd.e 4 DATE Year DECEASED with the HOLDN ANNETTE MYERS February 1967 Type or print DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B DATE OF BIRTH AGE (In years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED March 10.1914 10 haurs White Female 10p USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA Jacksonville, Florida Cashier e, writing the ward "pending" in pentil in forwarded to the Chief Medical Examiner 14 MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate shauld be executed within (Unk.) Ralph Carter 15 WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO INFORMANT John E. Myers (Husband) E. Locust Street, Salisbury, Maryland (Yes, no, or unknown) (If yes give wor or dates of service) perm 1 541-34-5906 No IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) RVAL BETWEEN SET AND DEATH PART I DEATH WAS CAUSED BY 10 IMMEDIATE CAUSE (o) used as a burial-trai burial, crematian, o DUE TO Conditions, if any, which gave 24 days (b) rise to immediate couse (a). DUE TO stoting the underlying couse lost PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES 🔽 Diease execute the certificate. be to NO 200 EXTERNAL CAUSE WAS PR MARY TO OT CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED, (Enter notuse of injury in Part I or Port II of item 18) agent, prior should CAUSE OF DEATH 20s TIME OF NUJRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE INJURY (Home form, 5 may be retained to 5 bage 3 brukeral Directors Page 3 Health or its designated agen Not While foctors street, office b dg , etc.) 1-11-67 at work 21 I certify that I took charge of the remains described above, held on Autopsy Inspection X Induiry ond in my opinion the funeral director. deoth resulted from Noturol couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Dr. Earl L. Royer February 6 **EXAMINER**2 5 may 1 10 FUNE Health o Address (Street, city, town, or county) 109 Camden Solisburg Ma Avenue BURIAL CREMATION. 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Buriel Laurel, Delaware Odd Fellow Cemetery Feb. 8.1967 25b REGISTRAR'S SIGNATURE 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15ME (5) 6M 1/66 Meliantes HOLLOWAY & COMPANY, SALISBURY, MARYLAND FFR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02893 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 2, ond 3 to PM3. Poge Wicomico MARYLAND Maryland Wicomico land 2 with the State Department c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY N 1b write RURAL and give nearest town) Salisbury Salisbury e S RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (It not in hospital, give street address) d STREET ADDRESS in Item 18 Give Pages 1, with form 348 Cedar Drive DOA Peninsula General Hospital YES NO X 3 NAME OF 4 DATE First DECEASED OF DEATH LUCILLE NICHOLAS E. 2-19-67 (Type or print) Office alang F UNDER 1 YEAR FUNDER 24 HRS B DATE OF BIRTH 9 AGE (In years S SEX 6 COLOR OF RACE 7 MARRIED NEVER MARRIED A lost byrthday) Months Dovs Hours F AA WIDOWED DIVORCED 100 USUA, OCCUPATION (Give kind of work done BIRTHPLACE (State or fore an country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) **COUNTRY?** d "pending" in pencil in Chief Medical Examiner's 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This cert ficate should be executed within any event within 72 hours 15 WAS DECEASED EVER MUS ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECUR TY NO B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSE AND DEATH Pulmonary edema MMED ATE (AUSE (o) e, writing the word forwarded to the Ch DUE TO Conditions, if ony, which gove Hours Acute congestive heart failure rise to immediate couse (a), DUE TO stoting the underlying couse lost WAS AUTOPS removal, PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO THE TERM NAL DISEASE CONDITIONS CONTRIBUTING TO THE TERM NATURE T PERFORMED? the certificate, NO DA 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 3 should PRIMARY OF CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While at work of work L 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquity X. ond in my opinion death resulted from. Natural couses X, Accident , Suicide Undetermined monner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASS STANT MED CAL EXAMINER FUNERAL Darl Royer, M.D DEPUTY MEDICAL EXAMINER February 23, 1967 109 Camden Ave., Salisbury, Md. Address (Street, city town, or county) 230 BUR'A CREMATION 2 250 REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGIS VR A15ME (5) Jolley Funeral Home, Salisbury, Md. 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02894 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar remaval, and in any event, within 72 haurs after death USUAL RESIDENCE (Where deceased lived, if institut an Residence before admission PLACE OF DEATH **b** COUNTY a. COUNTY o. STATE Wicomico MARYLAND vicomico b CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Wks. Salisbury Salisbury d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCI ON A FARM? Peninsula General Hospital Parker Rd., YES NO K 3. NAME OF First Mradle 4 DATE Month Lost Doy DECEASED (Type of print) MAMIE PARKER HOLLOWAY 28 19 67 DEATH IF UNDER 1 YEAR 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Hours White Oct.11,1893 Female WIDOWED DIVORCED 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast of warking life, even if retired) HOUSE VIIIE Own Home COUNTRY? Maryland, Wicomico 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Elisha Holloway Martha Jackson IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ar unknown) ((If yes give war or dates of service) 274-28-7952 Mrs. Thomas Mumford, Sec. 2 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Emholus monar IMMEDIATE CAUSE (a) DUE TO 200 Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the prior tal be retained by the haspital ar attending has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hrombocytonenic NO FA O FUNERAL DIRECTOR: After this certificate 20a ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, (City or town) 20d INJURY OCCURRED 20f. (County) (Stote) 20c TIME OF INJURY Month, Day, Year factory, street, affice blda., etc.) Nat While at work at work 8, 1967, to Feb 28 _, 1967, that (I) (ave) last 21. I certify that (!) (this hospital) attended the deceased fram Fe b. 1967, and that death accurred at 12.28 M, fram causes and an the date stated above. saw the deceased alive an_ 22a SIGNALURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) Pine director, Shauld b 23a. BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) REMOVAL (Specify) 3-2-1967 Vicomico Memorial Park Salisbury, Maryland 1967 24. FUNERAL DIRECTOR REG STRAPS SIGNATURE

Salisbury, M ryland

MAR 6

VR A15 (≹ 20 M 1/66

Hill Funeral Home



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02895 requires that the death certificate be executed within 24 haurs after death. emove carban papers. Pages 1 and 2 any event, within 72 haurs after death. campletely filled in by the funeral-love carban papers. Pages I and 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1 PLACE OF DEATH Wicomico n. STATE b. COUNTY Maryland MARYLAND Dorchester C LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 days Hurlock Salisbury ease remove carban papers. and it any event, within 72 ha d. NAME OF HOSP, TAL OR INSTITUTION (If ngt in haspital, give street address) d STREET ADDRESS 8 IS RESIDENCE ON A FARM? Taylor Avenue YES 🗌 NO S Peninsula General 3 NAME OF 4. DATE Month Day Year DECEASED Hercelia DEATH (Type or print) ma 8. DATE OF BIRTH IF LINDER 24 HRS S SEX 6. COLOR OR RACE Separate AGE (In years 7 MARRIED last o rthdoy) Months Hours Sept. 13, 1907 WIDOWED 1-2male attending physiciam ad permit. Then please rem 12 CIT ZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, ar fareign country) 100 USUAL OCCUPATION (Give kind of work done during most of wark ng life, even if retired)
Housework COUNTRY? INDUSTRY Caroline Co., Maryland Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar removal, Katie Robinson Minos Cohee IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dotes of service) 214-07-8649 Mrs. Charlotte Hearne, Secretary, Maryland NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health prior ta WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) No 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm. (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) of work 2). I certify that (1) (this hospital) attended the deceased fram_ and that deoth accurred at M. fram causes and an the date stated above sow the deceosed olive on #2b. DATE SIGNED 22a. SIGNATURE M.D. DIRECTOR PHYS director, page 3 shauld be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION REMOVAL (Specify) NEar Williamsburg, Feb. 4, 1967 Zion Cemetery 25b. REGISTRAR S. SIGNATURE 2So. REC'D BY REGISTRAR **ADDRESS** FUNERAL DIRECTOR 1967 VR A15 (4) 20 M 1/66 DATE Framptom/and Son Federalsburg Maryland



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico b. COUNTY ve carban papers. Pages 1 event, within 72 haurs after MARYLAND b. (ITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)
Salisbury c. LENGTH OF STAY IN 16 c CITY OR TOWN (If putside corporate limits, write RJRAL and give nearest tawn physician and completely filled in d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street oddress) e IS RESIDENCE ON A FARM? d. STREET ADDRESS 81 Peninsula General Hospital YES NO 3. NAME OF please remave carban Fist 4 DATE Last Month Day Year DECEASED MNEWel 19 6 (Type or print) DEATH S SEX 6 COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH AGE n years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** last birthday) Manths Dovs Haurs emayal, and in any DIVORCED 100 JSUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life even fretired) INDESTRY COUNTRY? 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, of unknown) (If yes give war ar dates of service) burial, cremation INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stoling the underlying couse as the priar take last. 19. WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERT.FICATION far use director, page 3 should be detached for use should be filed with the State Dept. of Health NO 🔀 YES Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Hame, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Day, Year Haur a.m. factory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram) that (1) (we) last and that death accurred at 1 % M. fram causes and an the date stated above saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 10CATION (City or Tawn) (County) (State) REMOVAL (Specify) 0 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25g REC'D BY REGISTRAR VR A15 (4) 20 M 1/66





romman T. Salba



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If In a. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 3. NAME OF HOSPITAL OR MISTITUTION (if not in hospital, give street address) 4. DATE OF BEATH OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED STATE OF BIRTH 103. USUAL DOCUMENTOR TOWN (If outside corporate limits, write RURAL and give nearest town) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED STATE OF BIRTH 103. USUAL DOCUMENTOR TOWN (If outside corporate limits, write RURAL and give nearest town) 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED STATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED STATE (County & State, or foreign county as State,	nstitution: Residence before admission JNTY Heamico
1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR MISTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived, if i a. STATE Manylor of b. COL a. STATE Manylor of b. COL b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR MISTITUTION (if not in hospital, give street address) d. STREET ADDRESS	JULES MICE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
d. NAME OF HOSPITAL OR AISTITUTION (If not in hospital, give atreet address) d. STREET ADDRESS	87D. 22.1
SE 1 MICOMICA MUSING Nome	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Pauxe Settle Colored DEATH Jehrung	111 3 1967
5. SEX 6. COLOR OR RACK 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED DIVORCED 8/25/88 9rs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10c. KIND OF BUSINESS OR library & State, or foreign county & State, & S	79) 12. CITIZEN OF WHAT COUNTRY?
13. EATHER'S NAME Deckson Lee Slennis 14. MOTHER'S MAIDEN NAME Connic Jane 1	awell
15/WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. Address, no, or unknown) (If yes give war or dates of service) 2/2 -/0 -/0/ (Alven Dennis	Killorde, md.
PART I. DEATH [Enter only one cause per] ine for (a), (b) and (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	INTERVAL BETWEEN ONSET AND DEATH CO WILKS
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause Der] ine for (a), (b) and (c) and	
cause (a), stating the DUE TO underlying cause last. (c)	
leath 2	YES NO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While at work 19 at work	(County) (State)
21. I certify that (I) (this hospited attended the deceased from 100 - 1967, to 3 and that death occurred at 20 M, from the causes	3, 19 4, that (I) (we) lass and on the date stated above
222. SGNATURE M.D. PHYS. DIRECTOR PHYS. C	22b. DATE SIGNED
NAME (Type)	town or county) (State)
- Nacional Flater Placer	REGISTRAR'S SIGNATURE
5 (4) DATE FEB 8 1967	Acharles Judge



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02892 CERTIFICATE OF DEATH 02900 executed within 24 haurs after deoth 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) Ond campletely filled in by the funeral remove carbon papers. Pages 1 and n any event, within 72 hours after death PLACE OF DEATH o. COUNTY Wicomico Marvland Wicomico MARYLAND c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and suve nearest town) Salisbury IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address d STREET ADDRESS 301 Laryland Ave., 301 Maryland Ave. YES NO DO 3. NAME OF Middle Lost DATE Month First Doy DECEASED (Type or print) OF DEATH Rayne 1967 Mollie Driscoll IF UNDER 1 YEAR IF JNDER 24 HRS. 8 DATE OF BIRTH 9. AGE (In years S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** lost outhday) White Oct. 18, 1897 Female WIDOWED DIVOR CED. 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR or removol, and in physician of nen please r U.S.A. during most of working life even if retired) Own Home Wicomicoc-Marvland requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER S NAME Driscoll Elijah Ada Gertrude Evans signed by the attending plantial transition of surial-transit permit. There burial, cremotion, or remove 17 INFORMANT 16 SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no. pr.unknown) {(If yes give war ar doles of service) 220-32-1232 S.W. Rayne, Jr Salisbury, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per Juge for (a), (b), and (c)) ONSE? AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse fo FUNERAL DIRECTOR: After this certificate has been Dept. of Health prior to the fast WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO. jo 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Port II of item 18.) 20a. ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or lown) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (County) 20c. TIME OF INJURY Manth, Day, Year Hour a.m factory, street, office bldg, etc) While Not While of work at wark 21. I certify that (1) (this hospital) attended the deceased from 2-23 _____, 19 6 7, ta 2 - 2 7 , 196 7, that (I) (we) last Poge 4 may be retoined director, page 3 should should be filed with the 1967, and that death accurred at 11 A.M., from causes and an the date stated above. saw the deceased alive an 2 - 23 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR 2-27-67 M.D. 22d. ADDRESS 22c. PHYSICIAN'S 211 Maryland Ave., Salisbury, Md. Thomas P. B igbee M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) BURIAL, CREMATION REMOVAL (Specify) 3/2/1967 Wicomico Memorial Park Salisbury, Maryland 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR Migrey VR A15 (4) 22 20 M 1/6ds Salisbury, L_ryland Hill Funeral Home 1967



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 item 9 CERTIFICATE OF DEATH 02893 02901 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) filled in by the funeral papers. Pages 1 and . PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND on papers. Pages 1 within 72 hours after Wicomico b. CITY OR TOWN (.f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS NO K aNIS YES Peninsula General Hospital requires that the death certificate be executed within NAME OF Middle 4. DATE Month Doy Year lease remave carbon Eurst Lost signed by the attending physician and campretely burial-transit permity. They please remave carbon burial, cremation, any emayal, and in any event, with DECEASED (Type or print DEATH YEAR IF UNDER 24 HRS AGE (In years COLOR 7 MARRIED NEVER MARRIED last b #hdoy) Months Hours Dovs DIVORCED and in any WIDOWED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 10b 11. BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY 13 FATHER SUNAM 14. MOTHER'S MAIDEN NAME ando WLS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEE 18. CAUSE OF DEATH (Enter only one couse per lige for (o)) (b), and (c)). ONSET AND DEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO Conditions, if only, which gove rise to immediate couse (a) DUE TO affending p stating the underlying couse has been as the priar tal lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIO Health p NO by the haspital ar this certificate b 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (Stote) 20d INTURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. Not While ot work O FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) atteffded the deceased fram. be retained shauld and that death accurred at U: 20 f M, from causes and an the date stated above. saw the deceased alive an 22b. DATE/SIGNED 220. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS be filed 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) director, 230 BURIA, TREMATION NAME OF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF 23€ 23d LOCATION (City or Town (County) REMOVAL (Specify) 26 rewer 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 DATE MAR 196



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02902 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 haurs after death filled in by the funeral gapers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) I PLACE OF DEATH o. COUNTY b COUNTY. Nicomico City OR 10WN (If outside corporate limits, write RURAL ond give necrest town) MARYLAND c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate Splisbury
d. NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d STREET ADDRESS NO X Hospital Peninsula General NAME OF ban Middle Lost 4. DATE Month Dov Yeor the attending physician and campletely, sit permit. Then please remays carbon DECEASED (Type or pnnt) DEATH SEX AGE (In years IF UNDER 24 HR **NEVER MARRIED** Hart birthdoy) WIDOWED DIVORCED 100, USJAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 10b. 12 CITIZEN OF WHAT (County & State or foreign country) during most of working life, even if retired) INDUSTRY 13 FATHER S NAME 15 WAS DECEASED EVER IN L. S. ARMED FORCES? INFORMAN 36 SOCIAL SECURITY NO (Yes_no, or wikingwn) [(If yes give wor or dotes of service) crematian, INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter on y one couse per lips for (o), (b), burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ signed l DUE TO Conditions, if ony, which gove nse to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending aut so has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) directar, page 3 shauld be detached far use shauld be filed with the State Dept. af Health YES [NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 200 ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY, (Home, form, foctory, street, office bldg/, etc.) 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED (City or town) (County) (Stote) Not While ot work 21. I certify that (I) (this haspital) attended the deceased fram 196 and that death accurred at 2 1/5 AM, from causes and on the date stated above saw the deceased alive an 19 6 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN S NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d LOCATION (City or Town) (Stote) (County) MOVAL (Specity) 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR ASh REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02903 ician and campletely filled in by the funeral lease remove carbon papers. Pages I and 2 and in any event, within 72 haurs after death. executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) PLACE OF DEATH Wicomico SOMERSET MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PRINCESS ANNE Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 80 YES NOZA Peninsula General Hospital 3. NAME OF Middle First Lost 4. DATE Month Doy Year DECEASED 1960 (Type or print) DEATH S SEX DATE OF BIRTH AGE (n years 6 COLOR OR RACE 7 MARRIED NEVER MARRIED b rthdov) Doys Months Hours WIDOWED DIVORCED 100 USLAL OCCUPATION (G ve kind of work done during most of working life, even if retired)

RETIRED BUILDER 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CONTRACTOR physician certificate WESTCHESTER, PA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, or removal, JOHN W. RIDGWAY BESSIE PASSMORE 17 INFORMANT Address 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes a ve wor or dotes of service 65-128-9810A MRS RIDGWAY PRINCESS LILLIAN ANNE.M INTERVAL BETWEEN CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c), signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 4200 DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO priar ta b stating the underlying couse as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has ed far use of Health p NO Page 4 may be retained by the haspital ar FUNERAL DIRECTOR: After this certificate 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B.) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER NOTIFY MEDICAL EXAMINER) directar, page 3 shauld be detache should be filed with the State Dept 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg , etc.) of work ot work (6_, 1967, that (0 (We) last 2) I certify that (1) (this haspital) attended the deceased fram 🔝 and that death accurred at M, fram causes and an the date stated above. 196 saw the deceased alive an. 22b. DATE SIGNED 22o SIGNATURE ATTENDING MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 230 BURIAL, CREMATION, 2/22 /1967 PARK POTTSTOWN, PA. HIGHLAND MEMORIAL 25b. REGISTRAR S SIGNATURE **ADDRESS** 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) WILSON PRINCESS ANNE. MD. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

.... ſ _

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02904 02896 CERTIFICATE OF DEATH death law requires that the death certificote be executed within 24 hours after death ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the ottending physician and campletely filled in by the funeral burial-tronsit permit. Then please remare to bo papers. Pages I and a. COUNTY o. STATE b. COUNTY b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) MARYLAND CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) papers. Pogi Salisbury d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDEN ON A FARM? YES 🗔 NO General Hosnital pou NAME OF Middle DATE Lost Manth Day Year DECEASED OF DEATH Type or print 19 61 SEX 6. COLOR OR RACI AGE IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED DATE OF BIRTH (In years NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED pleose rem <u>=</u> 10a USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Ξ during most of warking life, even if retired) INDUSTRY ON 13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME remayo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, na. pounknown) (If yes give war or dates of service 9 cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ottending physicion. DUE TO buriol Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO has been s stating the underlying couse os the prior to b lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. NO. YES the haspital or this certificate Ę 20g ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH 50 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. foctory, street, office bldg., etc.) Not While 19 O FUNERAL DIRECTOR: After at wark at work be retained by 21. I certify that (1) (this haspital) attended the deceased fram 196-7, that (1) (we) last shauld M. fram causes and an the date stated above and that death accurred at saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 should be filed a MD. DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS Page 4 moy NAME (Type) medeca 23b DATE THEREOF 23a DURJAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 28 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02905 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after deoth ompletely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before o. COUNTY D. STATE b. COUNTY Wicomico Maryland Wicomico MARYLAND and completely filled in by the f remove carbon papers. Pages C LENGTH OF STAY IN TO b City OR TOWN (if outside corporate limits, write RURAL and give negrest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 2/8/67 Salisbury e IS RESIDENCE ON A FARM? d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street address) 511 Regency Drive NO A Peninsula General Hospital NAME OF Middle 4. DATE Month First Lost Dov Year DECEASED SAMUEL RAYMOND HC DEATH (Type or print) 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH (In years S SEX 7 MARRIED **NEVER MARRIED** lost pirthdoy) Months Hours June 1, 1913 WIDOWED DIVORCED 11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT 10n USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working ite, even if retired) INDUSTRY physician Worcester County, Md. USA Engineer State Roads Comm. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Susan Butler remov William Smack signed by the ottending buriol-transit permit. Th 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Norma Lee Smack (Wife) (Yes, no, or unknown) (If yes give war or dates of service cremotian, or 220-36-8229 Regency Drive, Salisbury, Maryland Yes War INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (e), (b), and (c)) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ottending physicion. **DUE TO** Conditions, if ony, which gove rise to immediate cause (a) DUE TO ficote has been s far use as the b Heolth prior to b stating the underlying couse KOIZUNG lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 CERTIFICATION r this certificate bedetached far use NO X Page 4 may be retained by the hospital or 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) Stote Dept. MEDICAL 20d. INJURY OCCURRED (Stote) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dov. Year Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING After ot work of work L director, page 3 should be should be filed with the Stot 2]. I certify that (I) (this haspital) attended the deceased from... 19 6 7 that (i) (we) last 1967, and that death accurred at 715M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Thomas C. Hill 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) Nelson Cemetery Burial Accomac.Co. Virginia REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR timeles VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after death campletely filled in by the funeral nave carban papers. Pages Frank. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o COUNTY o. STATE Wicomico Marvland MARYLAND Worcester b City OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill Salisburv e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Wicomico Nursing Home YES 🗌 NO TE Washington 3. NAME OF Middle 4. DATE Lost Month Day Year DECEASED (Type or print) OF. SMITTH MARY 19 DEATH IF LINDER 1 YEAR 5 SEX 6. COLOR OR RACE NEVER MARRIED B DATE OF BIRTH 9. AGE (In years I IF UNDER 24 HRS 7. MARRIED lost birthdoy) Months Dovs Hours in any DIVORCED WIDOWED Female White 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1), BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Maryland Own Home housewife USA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elijah Perdue Margaret Sturgis Addrass 35 Faiesta WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Virginia M. Seepp La crematian, IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), grid (c) signed by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the lost. 19 WAS ALTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO 200 ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work 21. I certify_that (I) (this haspital) attended the deceased fram 195 7, that (i) (we) last and that death accurred at 3 M, fram tauses and an the date stated above saw the deceased alive an 220. SIGNATURES DATE SIGNED ATTENDING MED DIRECTOR director, page 3 should be filed v M.D. **PHYS** PHYS 22d ADDRESS 22c PHYSICIAM'S NAME (Type) Salisbury. Beardslev Ear] 23o. BURIAL CREMATION 23b DATE THEREOF 23c. NAME OF CEMETERY AND 23d LOCATION (City or Town (County) (Stote) Hallows Episcopal Snow Hill 24. FUNERAL DIRECTOR ADDRESS 2So. REC D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Charles Snow Hill, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2001 death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before aumission) b. COUNTY Wicomico Maryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b pase remove carbon papers. Pag and in any event, within 72 hours hours Salisbury Salisbury d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Peninsula General Hospital 15 Calhoun Avenue YES NO that the death certificate be executed within completely 3. NAME OF First Middle Last Month DATE Day Year E 01 T 100 1967 STEWART SMITH (Type or print) TODD DEATH February 5. SEX 6. COLOR OR RACE I 8. DATE OF BIRTH 1 2 30PM 9. AGE (In years | IF UNDER 1 YEAR IIF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Davs Hours Male attending physician a ermit. Then phase re in, or removal, and in 1Da. USUAL DCCUPATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? Salisbury, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Preston Randle Smith Polly Mae Stewart burial-transit permit.
burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Mr. Preston R. Smith (Father) (Yes. ne. or unkown) | (If yes give war or dates of service) No Salisbury, Maryland Calhoun Ave.. INTERVAL BETWEEN ONSER AND DEATHI 18. CAUSE OF OFATH [Enter only one cause per line for (a), (b), and (c).] been signed by the PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TD cause (a), stating underlying cause last certificate has WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health NO TX YES this cerum detached for 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) (State) 20c. TIME DF INJURY Month, Day, Year 20f. (City or town) (County) 3 should be det with the State D Hour a.m. While at work - Not While FUNERAL DIRECTOR: After be retained by ATTENDING at work App. 19 L 1967 _, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. and that death occurred at 12:18, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page : ATTENDING MED, DIRECTOR STAFF PHYS. PHYS. M.D. TO HOSPITAL (Page 4 may ADDRESS PHYSICIAN'S director, p NAME (Type) B. G. Anderson Medical Center, Salisbury, Maryland BURIAL, CREMATION, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) Salisbury, Maryland 2 Parsons Cemetery 16.1967 Feb. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64 7 = 23/122

10 :

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funeral PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY physician and completely filled in by the find please remove carbon papers. Pages T val, and in any event, within 72 hours after or Wicomico after Marvland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 24 hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RÉSIDENCE ON A FARM? d. STREET ADDRESS 408 Winder Street NO 408 Winder Street YES executed within 3. NAME OF First Middle Last DATE Month Day DECEASED 1967 (Type or print) STREET DEATH 2 I TO STUDIE MARTIN Fabruary 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Mopths | Days | Hours | Min. 9. 7. MARRIED T NEVER MARRIED Mala WIDOWED DIVORCED July 25. White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Lawes, Delaware Power & Light Co. Dispatcher certificate ed by the attending physi-transit permit. Then ple , cremation, or removal, a 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Eunice Spicer Elmer Steele 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Bernice W. Steele death 408 Winder Street, Salisbury, Maryland INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). I R: After this certificate has been signed by the puld be detached for use as the burial-transit the State Dept, of Health prior to burlal, cremateness. PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that the hospital or attending physician. onas IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO I YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING F OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. OR ATTENDING I Not While p.m. at work at work that (I) (we) last DIRECTOR: /
age 3 should
led with the 21. I certify that (I) (this hospital) attended the deceased from on/1-31-6 _M, from the causes and on the date stated above. and that death occurred at 22b. DATE SIGNED ATTENDING F M.D. PHYS. DIRECTOR PHYS. 4 may Pa O FUNERAL I PHYSICIAN'S **ADDRESS** NAME (Type) N. Division St., Salisbury, Md. Lee L./Lawry 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. DATE THEREOF REMOVAL (Specify) 2 BEC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Wicomico Memorial Park Burial
24. FUNERAL DIRECTOR Feb. 25a. 196 В VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE 15M 4-64



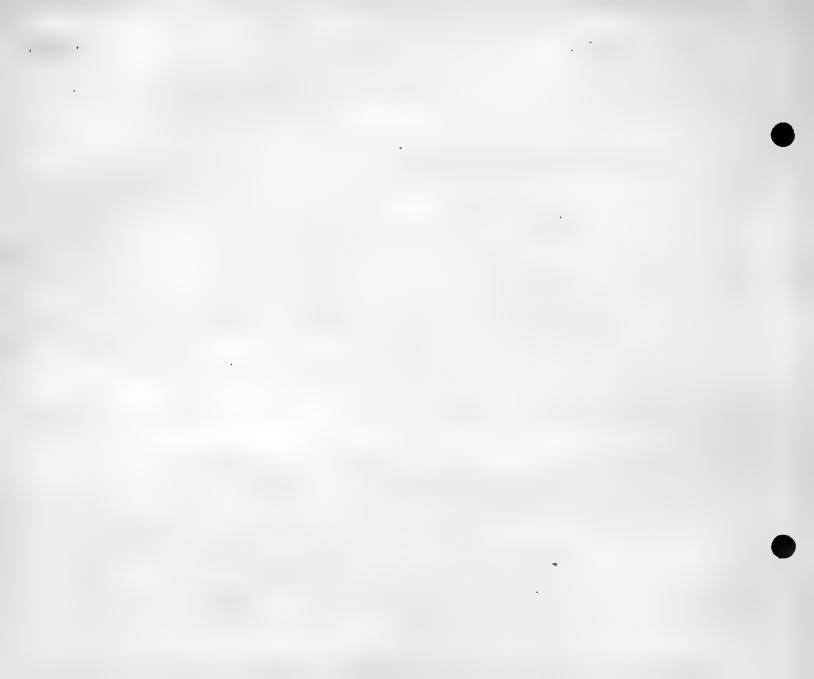
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

7:11	/Ε	02909	CERTIFICATE	02901		
de att	Ī	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institu	f on Residence before admission)	
5-8		o. COUNTY Wicomico	20 1 0 14 1 2 10	a. STATE b. COO	INTY STATE	
- E	-	MTGOMTGO	MARYLAND	DELAGIAKE	305582	
S of	-	b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside carporate fimits, write RU	JKAL and give nearest town)	
s. rag hours	1	Salisbury		WILLEBORD	ri.	
<u> </u>	r	d. NAME OF HOSPITAL OR INSTITUTION (If no	at in hospital, give street oddress)	d STREET ADDRESS	e. IS RESIDENCE	
hin 72 h	3	Paningula Canar	and Woonitel		ON A FARM? YES NO	
-	F	Peninsula Gener	st Middle	Lost 4 DATE Mor		
ent, with		DECEASED	< 1	A OF E	1	
event,			NNIE STE	FPHENS DEATH FEBR		
9	- 13	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years lost birthday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min.	
		TEMALE White	WIDOWED DIVORCED [12-19-1886 80 yrs.	11007	
and in ony		On USUAL OCCUPATION (Give kind of work done		11. BIRTHPLACE (County & State or foreign country)	12. CITIZEN OF WHAT	
. bc	1	luring most of working life, even if retired)	INDUSTRY	DELAWARE	COUNTRY?	
No.	ŀ	S FATHERS NAME	NONE	14. MOTHER'S MAIDEN NAME		
V0	1	^	—	m		
)E	-	CLAYTON	ATKINS	MARY ELIZAB		
2	П	 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes or 	f capital	INFORMANT		
ō	П	NO	222-01-7286 /	IRS. DALLAS HUDSON	MILLEBORD	
burial, cremation, or removal	F	IB. CAUSE OF DEATH (Enter only one cou	se per line for (o), (b), and (c).)		INTERVAL BETWEEN	
ma .		PART I. DEATH WAS CAUSED BY HAMEDIATE CAUSE	(0) Probable Dulan	o sulanties	ONSET AND DEATH	
cre	8	4221 MIMEDIATE CAUSE				
D %	3	Conditions, if ony, which gave	Dung and Manuella	in of lift lower exten	1-	
Ĭ,	1	rise to immediate cause (a),		The court of	0	
	ı	stoting the underlying couse (Co milit le a		
Health prior to	1	losi.	(1) Assusstante as	Miscosculud diserse - des	myormile	
id .	ا	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
告 ≺		Sun	et reoplosmo	of ferm.	YES NO 🕰	
프		200 ACCIDENT WAS UNDERLYING OR CONTRIBUTION COLOUR OF DEATH JE CTURE NOTICE MEDICAL CAMBRIDE	205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or Port II of item 18.)		
0			6	/		
id.		20c TIME OF INJURY Month, Doy, Year Hour o.m.	20d INJURY OCCURRED 20e PLA	CE OF INJURY (Home, form, 20f. (City or town)	(County) (State)	
a a		Hour o.m.		ory, street, office bidg., etc.)		
<u> </u>	1	P1036	of work of work	£ 12 - 10 62 to	2./ 10/2 that (10/10) las	
2	1	21. I certify that (i) (this has	piral allended the deceased from	t death occurred at 7% M, from causes	and on the date stated charge	
=	1	22o. SIGNATURE	-37_17 <u>G</u> 7, und 1110	I deally occorred at	22b. DATE SIGNED	
<u>*</u>	1	220. SIGNATURE	1 //11	ATTENDING MED. STAFF	_	
<u> </u>		Minuc	b. Colypan M	D PHYS DIRECTOR L PHYS. L 22d. ADDRESS	1 2-1-67	
<u>(=</u>	Н	NAME (Type) TAMES	Clierkon	ZZG. ADDRESS		
shauld be filed with the State Dept.	1	JAMES E	CEIFFORD			
an		230. BURIAL, CREMATION, 23b. DATE TH	EREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or To	own) (County) (Sipie)	
- FS		REMOVAL (Specify) 2-5-	67 MILLSRAP	O CEMETERY MILLS	BORDNERA DOZA	
	1	24. FUNERAL DIRECTOR	ADDRESS		REGISTRAR'S SIGNATURE //	
5 (4) 1/66		(1 Abrida M	elson trouklors	10 DATE FEB 14 1196/	Mariles Judas	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 92910 CERTIFICATE OF DEATH death, requires that the death certificate be executed within 24 haurs after death. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) · COUNTY Wicomico a. STATE b. COUNTY Wicomico MARYLAND Maryland ave carbon papers Pages 1 y event, within 72 haurs after, in by the Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) c CITY OR TOWN (If autside corparate limits, write RURAL and give negrest tawn) C. LENGTH OF STAY IN 16 Salisbury Salisbury d STREET ADDRESS e TS RESIDENCE d NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) ON A FARM? campletely filled 432 Druid Hill Ave. Peninsula General Hospital YES NO F 3 NAME OF DATE mave carbon Lost Month Year First Day DECEASED (Type or print) F. 19 6 DEATH S SEX IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years lesty birthday) Months Dovs 7-19-1892 WIDOWED DIVORCED LOG USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, as foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Grocery Business INDUSTRY COUNTRY? Baltimore Retired 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, ar remaval, Alverda Rictor Henry P.Stran 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes no ar unknown) (If yes give war or dates af service) Louise Stran-432 Druid Hill Ave. Salisbury 12-07-4289 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) WAS AUTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 181 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, 20F (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While of wark at work 196 / to. 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D DIRECTOR PHYS. PHYS 22d ADDRESS PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) Burrial (Specify) 2-13-1967 Woodlawn Cemetery Baltimore, Maryland 2Sa REC'D BY REGISTRAR **ADDRESS** 2Sb., REGISTRAR S SIGNATURE FUNERAL DIRECTOR liane VR A1II (4) 4600 Liberty Hghts. Avenue 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02911 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY O P.M3. Page Departmentations of the department of the depart 古 Wicomico Wicomico MARY, AND delay and 3 b CTY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 1h c ETY OR TOWN (If outside corporate imits, write RURA, and give nearest town) write RuRAL and a ve neorest town)
Salisbury hours after Pittsville d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital R.D. #1 Give Pages ate YES K NO NAME OF First n 72 4. DATE Month Doy Year DECEASED JOHN # SAMUEL 1967 (Type or print) TINDLE February 2 DEATH WITT with 6. COLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Manths last birthday) Days Hours tem 18 WIDOWED DIVORCED Sept. 30.1895 Male White event 11 BIRTHPLACE (State or foreign country) 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY Farming dupon most of working life, even if ret red) TISA TRY? Wicomico County, Md. any ⊆ pages in any within pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert R. Tindle Martha Driscoll pup Mrs. Helen C. Tindle (Wife) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO This certificate should be exeguted permit. (Yes, no or unknown) (If yes give wor or dates of service) remayal, R.D. #1, Pittsville, Maryland No pending 18. CAUSE OF DEATH (Enter anny one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH ь IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch burial, crematian, DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? please execute the certificate, NO K YES agent, priar ta 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) shauld O DEPUTY MEDICAL EXAMINER: CAUSE OF DEATH MED, CAL 120e PLACE OF INJURY (Hame, farm City or town 20c. TIME OF INJURY Manth, Doy, Year (County) (State) Hour a.m. foctory, street, affice bidg., etc.) Not While may be retained far your FUNERAL DIRECTOR: Page V ot wark at wark designated 21. I certify that I took charge of the remains described above held an Autopsy Inspection X and in my opinian the funeral director. death resulted freeze Natural causes Accident Suicide Homicide Undefermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE February 3 Earl L. Poyer DEPUTY MEDICAL EXAMINER EXAMINER'S Health Camden Avenue, NAME (Type) Salisbury, Ma. Address (Street city, town, ar county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) **SURIAL CREMATION** (Caunty) (State) 0 REMOVAL (Specify) Pittsviile, Maryland Feb. 6,1967 Farlow Cemetery Burial 250 REGISTRAP 67 256 REGISTRAP S TIGNATURE 24. FUNERAL DIRECTOR HOLLOWAY & COMPANY, SALIBBURY, MARYLAND VR A15ME (5)



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral, should I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence to a. COUNTY b. COUNTY Wicomico Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporale limits. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Adm. in 1 Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, dive street eddress d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Peninsula General Hospital Taylor Street YES NO X 3 NAME OF Middle Year DECEASED OF (Type or print) GEORGE WASHINGTON DEATH TOWNSEND February 19 19 67 and col 16. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Davs Male White WIDOWED [DIVORCED August 10, 1879 h 0 physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or toraign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Huckster Worcester County. Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Townsend Margaret_Butler ፝ፙ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Martha P. Townsend (Wife) by the No Taylor Street. Salisbury Maryland 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) DUE TO 75360 Conditions, if any, which geva rise to immediate cause DUE TO (a), steling the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT VAS AUTOPSY PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Part) of item 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (County) fectory, street, office bldg., atc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from....d 19, that (I) (we) last 19 and that death occurred at 2:5%, from the causes and/on the date stated above. saw the deceased alive on. ATTENDING X 22a. SIGNATURE 22b, DATE MED. SIGNED DIRECTOR PHYS. eath. Page 4 M.D. 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Carrie I. Hearn N. Division Street, Salisbury, Md. 23d. LOCATION (City, fown or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stele) REMOVAL (Specify) 市品 O Salisbury, Maryland Parsons Cemetery Burial 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 7-62

certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

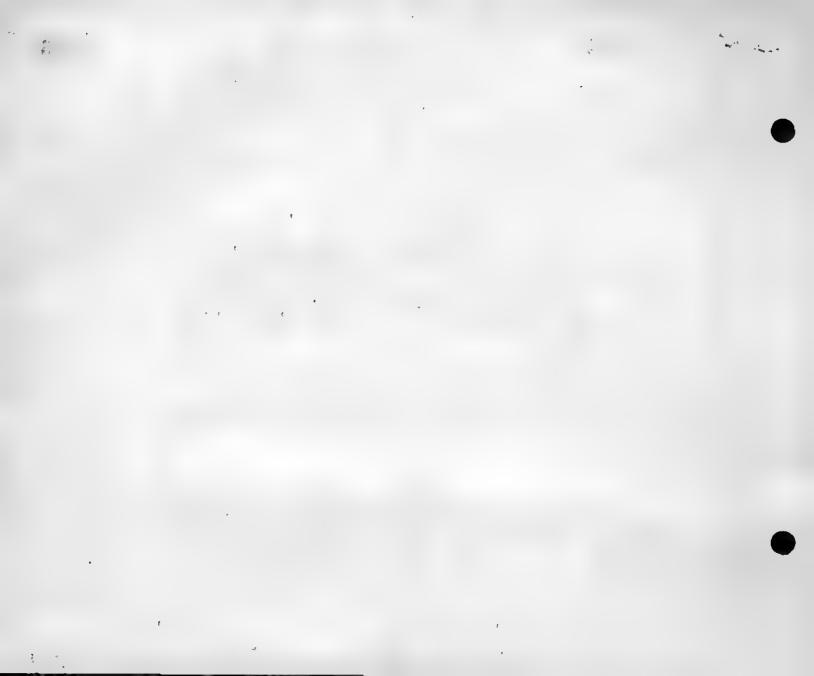


	02913	3		C	ERTIFICATI	E OF DEA	TH		n	2005	
1	PLACE OF DEATH				· · · · · · · · · · · · · · · · · · ·		DENCE (Where de	ceosed lived, if institut	on Residence	before odmiss	ion) /
	o. COUNTY Wic	omico			MARYLAND	III	Maryland	b. COUI	Dorch	ester	V
	b CITY OR TOWN (If outside corporate limit: d give nearest town)	5,		OF STAY IN 16	11		porote limits, write RUI	RAL and give n	eorest town)	
	Sal	isbury		6 da	ys	. 11	Hoopersv	ille		7 A	IDENCE.
		TAL OR INSTITUTION (If no	,		iress)	d STREET ADD	RESS			ON A	IDENCE FARM?
2	NAME OF	's Head Sta		~	iddle	Lost	4. DA	TE Mon	th	Doy Y	NO [
J	DECEASED (Type or print)	George		Ţ		TRAVERS	l nc	TH February			67
5	SEX	6 COLOR OR RACE			MARRIED	B. DATE OF BIRT		9 AGE (In years	IF UNDER 1 Y	EAR IF JNDE	R 24 HRS
M	ale	Colored	WIDOWED		DIVORCED 🔲	May 20.	19 04	lost birthdoy) 62 yrs.		loys Hours	Min
	JSUAL OCCUPATION	(Give kind of work done		ND OF BUSINI Dustry			E (County & State of		12 CITIZ	EN OF WHAT ITRY?	
	Labo	orer	Fo	od Pa	cking	Dorch	ester Co	unty, Md.	1	USA	
13	FATHER'S NAME					14. MOTHER'S					
15	WAS DECEASED EVE	Wilbert ER IN U.S. ARMED FORCES?	Travers	SOCIAL SECUR	ITY NO 17	INFORMANT	De.	ia Trave			
(ĭ	es, no, or unknown)	(If yes give war ar dates o	of service)	<u>1-03-6</u>			Trattant	. Hoopers		Maryla	nd
	18. CAUSE OF D	EATH (Enter only one cou				TTOT CO. ILA	TT CLA CT L	, ROODELD	* 4440	INTERVAL BE	TWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Ge	neral	zed Car	cinomato	sis			ONSET AND	
	1111	DUE	TO C.	and now	na of Pr	actata				13 y	
	Conditions, if ony rise to immediate		(0)	TLC THO!	la or iii	US LA LE				- Z J	100
	stoting the unde	rlying couse	(c)								
_		IGNIFICANT CONDITIONS C		TO DEATH BUT	NOT RELATED TO	THE TERMINAL DIS	SEASE CONDITION (GIVEN IN PART 1(0)		19. WAS AU PERFOR	TOPSY
MEDICAL CERTIFICATION		٠								YES K	NO [
ZIE	200 ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW	NJURY OCCURRED	(Enter noture of	injury in Port I or	Port II of item 18.)			
1 CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)							- 10	. 3	78. 4.3
(EDIC	20r. TIME OF INJ Hour o.	URY Month, Doy, Yeor m.	While		iile 🦳 fo	ACE OF INJURY (He ctory, street, office l	ome, form, 20 bldg., etc.)	If. (City or town)	(Count	ſY)	(Stote)
~	p.	m. 19	ot wor	k L otwo	rk [_]	ehruary	21 1957	+ Februar	v 271061	that (I)	(wa) la
	saw the d	ify that (I) (this has leceased alive an \mathbb{P}	ebruary	7 27 19	67, and the	at death accur	rred at 1:55	M, fram causes	and an the	date state	d obove
	220 SIGNATURE	1 \ 2		-0.7		ATTENDING	MED.	CTAFF	22b DAT	E SIGNED	
	0,4	. Whi	res		~ <i>№</i>	I.D. PHYS	LI DIRECTO	R PHYS.	2-28	3-67	
	22c. PHYSICIAN': NAME (Type		Winnac	cott		22d. ADDI		State Hosp	ital.Sa	alisbur	y,Md
23	o. BURIAL CREMATI				OF CEMETERY OR			LOCATION (City or To			(State)
23	REMOVAL (Specific	3/5/1			ehl Ceme			ambridge.		- ''	,
2	4. FONERAL DIRECTO		1/1	ADE	RESS	2	So. REC'D BY REG	ISTRAR 2Sb R	EGISTRAR S SIG	NATURE	
	WASIX	111 /1541	1010 6		Cambrida	o Md. I	DATE MAR 2	1967	Melisa	an Our	LAT.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02914 24 hours after death funeral 1 and death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b. COUNTY Maryland #icomico b CITY OR TOWN (If autside carparate limits write RURAL and give nearest tawn) MARYLAND etise remave carban papers. Pages 1 and in any event, within 72 haurs after in by the c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b in Willards Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM? filled In Village YES NO Peninsula General Hospital be executed within NAME OF 4 DATE Manth First Last Year and campletely DECEASED 196/ (Type or print) Nie POLONIA DEATH 'е bruary IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** last birthday) Hours WIDOWED DIVORCED June 1, 1877 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT AL OCCUPATION (Give kind of work done KIND OF BUSINESS OR industry int Factory during most of working life, even if retired)
Retired - Employee COUNTRY? by the attending physician (ransit perse Shirt Powellville, Maryland The law requires that the death certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Lambert Wilkins Zenia Bradford 15 WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Mary Cathell (Daughter) 16. SOCIAL SECURITY NO (Yes, no, ar unknown) (If yes give war ar dates af service) burial, crematian, ar 220-52-8054 Box 101. Berlin, Maryland INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per ligation (a), (b), and (c), ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Page 4 may be retained by the hospital ar attending physician. DUE TO this certificate has been signed Canditians, if any, which gave (b rise to immediate cause (a), DUE TO as the b stating the underlying cause last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION State Dept. of Health NO 200, ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. (County) (State) 20c. TIME OF INJURY Month, Day, Year factory/ street, affice bldg, etc.) Haur a.m. Not While at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospitalhattended the deceased fram 3 shauld director, page 3 shauld shauld be filed with the saw the deceased alive an and that death accurred at M. fram causes and an the date stated above. 22b. DATE SIGNED 22a, SIGNATURE STAFF **ATTENDING** M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Salisbury, Maryland mork 23d. LOCATION (City or Town) 23g BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) Willards, Maryland Jarch 1967 Willards Cemetery Buria 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND 28

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE G356 02915 OF DEATH death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission PLACE OF DEATH a COUNTY b. COUNTY MARYLAND and completely filled in by the fur remove corbon papers. Pages 1 in any event, within 72 hours after CITY OR TOWN (It outside corporate imits, write RURAL and give nearest tawn) requires that the death certificate be executed within 24 hours after E LENGTH OF STAY IN 16 autside cornarate limits, write RURAL and give negrest town? d NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d STREET ADDRESS IS RESIDENCE ON A FARM? 00 YES NO. Peninsul DATE Month Dov Yeor Lost DECEASED PANCIS Type or print) SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** AGE (In years Months Days Hours WIDOWED DIVORCED and in ony (County & State or foreign country) 12. CITIZEN OF WHAT 100 USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR during mast of working ite, even if retired) signed by the attending physician burial-tronsit permit. Then please 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME or removal, WAS DECEASED EVER IN U.S. ARMED FORCES 16 SOCIAL SECURITY NO. 17. INFORMAN Address all 3 73 (Yes, no, or unknown) (If yes give war or dates of service) burial, tremation. INTERVAL BETWEEN ONSEL AND DEATH CAUSE OF DEATH (Enter only one cause per lipe for (a) (b), and (c)) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Poge 4 moy be retained by the hospital or attending physicion. DUE TO Conditions, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying couse as the prior tal hos been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 3 should be detoched for use with the Stote Dept. of Health YES DE NO O FUNERAL DIRECTOR: After this certificate 200 ACCODENT WAS UNDERLYING OF DEATH 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Patr II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur o.m. foctory, street/office bldg, etc.) While Not While qt work 21. I certify that (I) (this hospital) attended the deceased from 196 6 M, from couses and and that death occurred at 196 an the date stated above. saw the deceased alive and 22o. SIGNATURE 22b. DATE SIGNED STAFF director, page 3 should be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY (State) 23g BURIAL, CREMATION 23b. DATE IHEREOF LOCATION (City or Town) (County) REMOVAL (Specify) 2So. REC'Q FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

. 1 , \ ij.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY e. STATE **b.** COUNTY hours MARYLAND b. CITY OR TOWN lift outside corporate limits, Maryland nicomico \$ - E c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end give nearest town) 24 filled in Pages 1 Fruitland
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) Fruitland within Pages d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Lost •# YES NO 3. NAME OF Salisbury
4. DATE
OF Salisbury completely papers. Midd.e Month Yaar 72 DECEASED DEATH Febuary (Type or print) 1967 carbon withi COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. pue last birthdey) Months . Deys Hours Min. WIDOWED DIVORCED 25 ing physician геттом 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retirad) Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME U.S.A. please and in aftend 16. SOCIAL SECURITY NO. 17. INFORMANT Church Then i 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address oval (Yes, no, or unknown) | (If yes give we nor detes of service) 18. CAUSE OF DEATH [Enter only one cause perfine jor (e), (b), end (c): 221-10-6008Elva maters permit. INTERVAL BETWEEN signed by ONSET AND DEATH ö PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. burial-transit **DUE TO** affending peen Conditions, if any, which gave rise to immediate couse DUE TO burial, (e), stating the underlying has ceusa last. the state the hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a)) 19, WAS AUTOPSY CERTIFICATION use as PERFORMED? NO [prior DIRECTOR: After Inc. 20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED I 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. of work et work p.m. 19 21. I certify that (I) (this hospital) and that death occurred at M, from the causes and on the date stated above saw the deceased alive. 22m. SIGNATURE DATE ATTENDING SIGNED DIRECTOR PHYS. death. Page 4 PHYS. HOSPITAL M.D. with the Page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, I 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to (State) 23e. BURIAL, CREMATION, or county REMOVAL (Specify) OH H Md. OH Fruitland Calvary 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1967 **VR A1S (4)** 20M S-63

. •

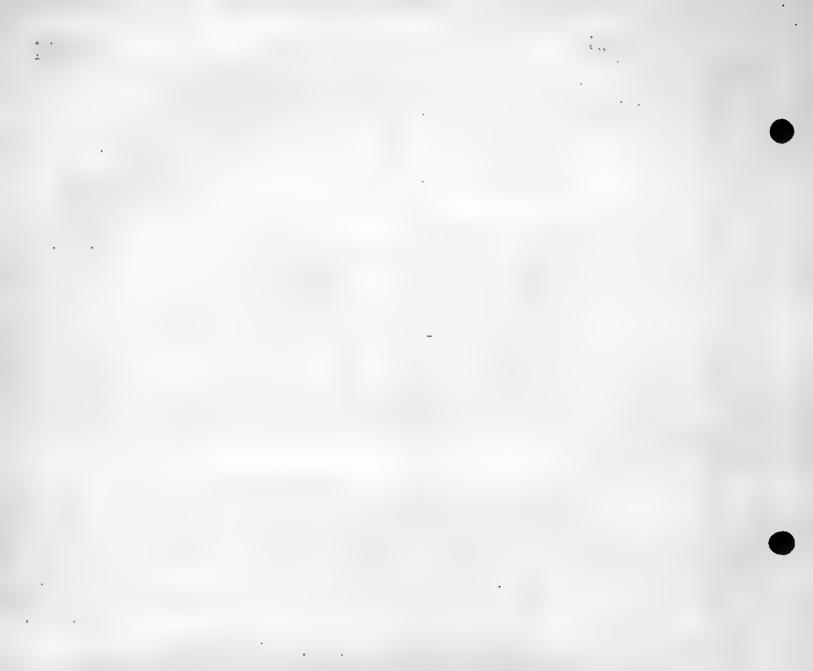
MARYLAND STATE DEPARTMENT OF HEALTH

ų 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Wicomico after Wicomico MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by 1 papers. 72 hours hours Delmar (Rural) Delmar Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled within 72 R.D.#3. RumRidge Road R.D. #3 No YES completely i 3. NAME OF Year First Middle Last DATE Month Day DECEASED 1967 event, WEILS DEATH (Type or print) AMELTA February FLORENCE 5. SEX DATE OF BIRTH AGE (in years | | FUNDER 1 YEAR | IF UNDER 24 HR\$ 6. COLOR OR RACE 9. 7. MARRIED NEVER MARRIED remove birthday) | Months Hours pue any Sept. 3, 1880 WIDOWED TO DIVORCED [Female White 12. CITIZEN OF WHAT .⊑ 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician during most of working life, even if retired) COUNTRY? Pittsville. Maryland USA House-Wife ė 효 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME attending present. Then Benjamin Parsons
15. WAS DECEASED EVER INU.S. ARMED FORCES? Martha West on signed by the attend burial-transit permit. 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs. Nicie E. Rennie (Daughter) RumRidge Rd .. Delmar . Ma. (Del. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) enterioscherotic Heart disease DUE TO Conditions, If any, which peen gave rise to immediate DUE TO cause (a), stating the as th this certificate has b detached for use as the Dept. of Health prior underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO EC YES the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a, ACCIDENT WAS UNDERLYING (OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (Cltv or town) (County) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While Not While After Id be d Page 4 may be recommended to Function of Function of Function, page 3 should be director, page 3 should be firector, filed with the St at work! at work 19 6 7 that (i) (www.last 21. I certify that (I) (this hospital) attended the deceased from 19 6 Z and that death occurred an : 30 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING FaB. PHYS M.D. PHYSICIAN'S ADDRESS 22d. NAME (Type) West St., Laurel, Delaware Joseph A. 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23a. REMOVAL (Specify) Pittsville, Maryland Farlow Cemetery Buriel FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS MARYLAND VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02919 CERTIFICATE OF DEATH funeral a and 2 death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Wicomico b. COUNTY Maryland Worcaster MARYLAND 24 haurs after in by the freers. Pages within 72 hours aft b CTY OR TOWN (If outside corporate units, write RURAL and give nearest town) C LENGTH OF STAY IN 15 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke City Salisbury days papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? completely filled 1207 Dorchester St. Peninsula General Hospital YES NO X requires that the death certificate be executed within carban 3 NAME OF Middle First DATE Dov Year DECEASED ELIJAH (Type or print) DEATH 1967 6. COLOR OR RACE AGE (n veors 7 MARRIED NEVER MARRIED DATE OF BIRTH Last birthdoy) Months Days Hours July 27, 1907 WIDOWED DIVORCED 100 JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Mechanic KIND OF BUSINESS OR Northampton County, 12 CITIZEN OF WHAT Automotive COUNTRY? Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal Walter Whitehead Maude Richardson WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs Christine Whitehead. -14-6094 burial, crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (a) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse as the priar tal Page 4 may be retained by the haspital ar attending has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 WAS AUTOPSY PERFORMED? YES . NO this certificate 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER GO FUNERAL DIRECTOR: After this cel director, page 3 shauld be detache shauld be filed with the State Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work 21. I certify that (I) (this haspital) offended the deceased fram. and that death accurred at GP M, fram causes and an the date stated above saw the deceased alive an. 1960 220 SENATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S Center, Salisbury, Md. David J. Gilmore NAME (Type) Medical 23c. NAME OF CEMETERY DRXCHAMATORX 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) First Baptist Pocomoke City 3-3-1967 Md. Wor. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4)/ 20 M 1/66 MAR 6 1967 Pocomoke City, Md. DATE Watson



1	Division o		ARCH AND RECORDS, 301			AND 21201
	02920		CERTIFICATE	OF DEATH		02912
1.	PLACE OF DEATH					ion: Residence before odmiss on)
		mice	MARYLAND	d. STATE Mar	yland b. COUN	Wicomice
	b. CITY OR TOWN (If outside con write RURA, and give neares	porate limits	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	itside corporate limits, write RUF	RAL and give nearest town)
	Salisbury		ince 9/28/66		lards	
Г	d. NAME OF HOSPITAL OR INSTIT			d. STREET ADDRESS		B IS RESIDENCE ON A FARM?
L	Pine Bluff	State Ho.	spital	-		YES 🔀 NO 🗌
3.	NAME OF	First	Middle	Lost	4 DATE Mont	
_	DECEASED (Type or print)	Flora	Mae	Wilkins	DEATH Februa	ry 9 1967
	SEX 6. COLOR (DATE OF BIRTH	9 AGE (n years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
-	female whi			ept.17,18		
10	a USUAL OCCUPATION (Give kind a ring most af warking if e, even if re	twork dane 10b Kl stred) IN	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County	& State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	ring most af warking ite, even if re Housewife		444	Wicomi	co Co., Md.	U.S.A.
13	FATHER'S NAME			14 MOTHER'S MAIDEN		
20	Elijah Tub	bs	COCIAL COCIMITY NO. 177 IB	Margar	et Truitt	
(Y	WAS DECEASED EVER IN U.S. ARM es, ng, or unknown) (If yes give v	var or dotes at service)				Bluff State
L	No		6-56-0351	Hosn	ital, Salis	bury Md
	18. CAUSE OF DEATH (Enter I PART I, DEATH WAS CAUS		erioscleroti	o condio	wasanlan di	CALCON ALIO COATIL
	IMME		er roscrer ocr	c cardio	vascular ul	sease unanown
	Canditians, if any, which gave	DUE TO				
	rise to immediate couse (a),	DUE TO				
	stoting the underlying couse last.	(c)				
-	PART II. OTHER SIGNIFICANT CO		TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE COI	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
MEDICAL CERTIFICATION	Senili.	tv				YES NO IX
TIFIC	20a ACCIDENT WAS JNDERLYING	G □ 20b DE	SCRIBE HOW INJURY OCCURRED. (I	inter nature of injury in	Port I or Port II af item 18)	
E GR	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	MINER)				
DICA	20c. TIME OF INJURY Month,		NJURY OCCURRED 20e. PLACE	OF INJURY (Home, form	n, 20f. (City or town)	(Caunty) (State)
M	p.m.	19 While	k 🔲 of work 🔲			
	21. I certify that (N)	(this haspital) atten	ded the deceased fram S	ept. 28	19 <u>66, ta Feb.</u>	9 , 19 67that \$ (we) las
		live an Feb	919 <u>67</u> , and that	death accurred at	8:25M, fram causes	and an the date stated above
ı	220. SIGNATURE	1-1-1	, , , , , , , , , , , , , , , , , , , ,	ATTENDING	MED. STAFF DIRECTOR DIRECTOR DIRECTOR	22b. DATE SIGNED Feb. 9.1967
	22c. PHYSICIAN'S	much	M.D.	PHYS. L		
	NAME (Type) E	P. Ritch	ings		Salisbury.	State Hospital
23	o MUNIAL, CREMATION, A 23	b. DATE THEREOF	23C-NAME OF CEMETERY OR C	REMATORY	23d LØCATION (City of Tox	
	DELEGIONAL .	2/12/67	New Nap	e	Willam	le ma.
2	4. FLINERAL DIRECTOR	01	ADORESS			GISTRAR'S SIGNATURE
-	77/10 WY	willes &	12 / 1. 11-11/00 B	NUL DATE	FEB 1 4 1967	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Resignice before a. CDUNTY b. COUNTY Maryland Wicomico after Wicomico MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b remove carbon papers. Pag any event, within 72 hours hours Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital Delmar Road NO YES withIn 3. NAME OF DATE Month Year Middle Last Day DECEASED WITTITAMS DEATH February 27 19 67
AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. 19 67 (Type or print) MARY EVELYN executed 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED X last birthday) | Months WIDDWED DIVORCED [April 30, 1926 Female White nding physiciant. Then please re-removal, and in and Th 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR be COUNTRY? Housewife USA Maryland certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ed by the attending parameter. Then cremation, or remove George T. Williams Mamie Ennis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Mamie Williams (Mother) No Fruitland, Maryland INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). burial-transil burial, crem signed by PART I. DEATH WAS CAUSED BY the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) been gave rise to immediate DUE TO cause (a), stating the underlying cause last certificate has SP pri PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM INAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS CERTIFICATION use PERFORMED? YES X NO DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 201. of DR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this cerige 3 should be detached led with the State Dept. of MEDICAL 20e. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at work at work retained 21. I certify that (I) (this hospital) at lended the deceased from and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE FUNERAL Di. STAFF PHYS. ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS PHYSICIAN'S director, p NAME (Type) Dr Ruffus S. Gardner Medical Center, Salisbury, Maryland 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Worcester Co., Maryland REMOVAL (Specify) Smullen Cemetery March 2.1967 Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64

3. 3.4.3 A STATE OF THE STA 1 L - 6 L -4 - 610 ANTICKAL ACTION ATTRICTOR O TOTAL PROPERTY 60-11-14 TO W 15560 Nacyle Adds . Tolday abilities them . To The carry and the The same of the sa the part of the last party deployed the term of the party of - Field maller to the land SELECTION ASSESSMENT OF THE PARTY AND ADDRESS The Paper state of the Paper of

I tems 18-21 Film 386 3-6-MARYNAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02922 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission deloy is nd 3 to Page p. COUNTY o STATE b. COUNTY Wicomico th the State Department of Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) write RURAL and give pearest town) P.M3 14 days Marion Station d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form Give Poges 1, 91 Deers Head State Hospital Rural YES IC NO This certificate should be executed within 24 hours ofter death, icate, writing the word "pending" in pencil in Item 18. Give Page. Office olong with Middle First Lost DATE Dov Year DECEASED ROBERT WINDSOR SR. W. 2-20-67 DEATH (Type or print) IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7 MARRIED X NEVER MARRIED lost birthdoy) Months Feb. 21, 1901 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY USA COUNTRY? Farming Wingate, Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Hudson Windsor Anna Frances Adams 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dates of service) event within Mrs. Tressie E. Windsor, Same as 2. abcd 213-18-5215 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY:

RECORD FOR DEATH INTERVAL BETWEEN buriol-transit ONSET AND DEATH Broncho pneumonia IMMEDIATE CAUSE (o) DUE TO any Conditions, if ony, which gove ' rise to immediate couse (o), forwarded to Ξ. DUF TO stating the underlying couse ond ond removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Paraplegia, secondary to spinal cord lesion, lower thoracic YES X NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING 0 EDICAL EXAMINER: CAUSE OF DEATH Boating accident cremotion, 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While of work Tangier Sound moy be retained for your FUNERAL DIRECTOR: Page While of work 1966 Crisfield Somerset Md. Inspection X Inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy . and in my apinion Accident Suicide S death resulted 10m: Natural causes Hamicide Undetermined manner director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE funerol Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X EXAMINER'S February 23, 1967 O FUNE 109 Camden Ave., Sallsbury, Md. NAME (Type) Address (Street, city, fown, or county) 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION. (Stote) Burial (Specify) Marion, Md. Feb. 23, 1967 St. Paul's Cemetery 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR ATSME (5 FEB 28 1967 Bradshaw Funeral Home, Crisfield, Md.